

Provider(s): Benjamin Tharian,Felix Tellezavila,loannis Anastasiou,Sumant Inamdar
Location(s): ALL
Procedure(s): ALL
Time Marker(s): ALL
From: 7/1/2022 To 6/30/2023

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
Balloon Enteroscopy														21
F	64	Balloon Enteroscopy		•Tellezavila Felix			Moderate sedation	•Polyp of colon		•Polyp (ascending colon, 15 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	65	Balloon Enteroscopy		•Inamdar Sumant			Moderate sedation	•Proximal Jejunal AVM treated with APC and clips. Needed 2-3 units of blood transfusion in last month, bright red blood in stool 2-3 times per month		•Angioectasia •Abnormal mucosa			•There were no apparent limitations or complications	
M	77	Balloon Enteroscopy		•Tellezavila Felix			Moderate sedation	•AVMs		•Angioectasia (jejunum)			•There were no apparent limitations or complications	
M	67	Balloon Enteroscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding		•Normal mucosa (whole colon and terminal ileum) •Additional Finding			•There were no apparent limitations or complications	
F	55	Balloon Enteroscopy		•Tellezavila Felix			Moderate sedation	•chronic diarrhea		•Normal mucosa			•There were no apparent limitations or complications	
M	70	Balloon Enteroscopy		•Inamdar Sumant			Moderate sedation	•Ileal lesion		•Diverticulum (sigmoid colon) •Polyp (terminal ileum, 5 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	64	Balloon Enteroscopy		•Inamdar Sumant			Moderate sedation	•Melena SB AVM seen on capsule endoscopy		•Angioectasia			•There were no apparent limitations or complications	
F	54	Balloon Enteroscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding		•Angioectasia (jejunum)			•No tattoo	
F	37	Balloon Enteroscopy		•Inamdar Sumant			Moderate sedation	•Jejunal polyp		•Normal mucosa (proximal, mid and distaljejunum)			•There were no apparent limitations or complications	
F	33	Balloon Enteroscopy		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology		•Angioectasia			•There were no apparent limitations or complications	

Procedures Log

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F	74	Balloon Enteroscopy		•Inamdar Sumant			Moderate sedation	•Angiodysplasia, small bowel		•Angioectasia			•There were no apparent limitations or complications	
F	50	Balloon Enteroscopy		•Inamdar Sumant			Moderate sedation	•Gastrointestinal hemorrhage, unspecified		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	54	Balloon Enteroscopy		•Inamdar Sumant			Moderate sedation	•GI bleeding		•Angioectasia			•There were no apparent limitations or complications	
F	63	Balloon Enteroscopy		•Inamdar Sumant			Moderate sedation	•Small intestinal hemorrhage		•Angioectasia			•There were no apparent limitations or complications	
M	66	Balloon Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•Melena		•Additional Finding			•There were no apparent limitations or complications	
F	72	Balloon Enteroscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding		•Abnormal mucosa			•There were no apparent limitations or complications	
	67	Balloon Enteroscopy		•Tellezavila Felix			Moderate sedation	•Melena	•Cefazolin2 gm •Glucagon0.5 ml	•Angioectasia (jejunum, duodenum and jejunum and duodenum) •Abnormal mucosa (duodenum)			•There were no apparent limitations or complications	
F	64	Balloon Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•Anemia		•Additional Finding			•There were no apparent limitations or complications	
F	80	Balloon Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia		•Additional Finding			•There were no apparent limitations or complications	
M	70	Balloon Enteroscopy		•Tellezavila Felix			Moderate sedation	•AVM in SB		•Angioectasia (mid jejunum)			•There were no apparent limitations or complications	
F	76	Balloon Enteroscopy		•Inamdar Sumant			Moderate sedation	•Small intestinal hemorrhage		•Angioectasia •Angioectasia			•There were no apparent limitations or complications	
Capsule														1
M	35	Capsule		•Tellezavila Felix			Moderate sedation							
Colonoscopy														929
	75	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Surveillance colonoscopy	•Fentanyl100 mcg •Versed4 mg	•Polyp (transverse colon, 3 mm) •Hemorrhoids		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	71	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•FIT test positive		•Polyp (ileo-cecal valve, 1 cm) •Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	

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M	47	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl125 mcg •Benadryl50 mg •Versed6 mg	•Hemorrhoids •Polyp (sigmoid colon, 5 mm) •Diverticulum (whole colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	69	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Versed6 mg	•Diverticulum (sigmoid colon)			•There were no apparent complications	
	72	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Tubular adenoma of colon		•Lipoma (sigmoid colon) •Polyp (2 mm to 3 mm) •Diverticulum (sigmoid colon) •Hemorrhoids •Polyp (cecum, 3 mm) •Polyp (transverse colon, 5 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	84	Colonoscopy		•Inamdar Sumant			IV general anesthesia	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
F	63	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Diverticulum (the left side of the colon) •Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
	65	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Polyp (ascending colon, 3 mm) •Polyp (sigmoid colon, 7 mm) •Hemorrhoids •Diverticulum (whole colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	62	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Hemorrhoids •Polyp (sigmoid colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	60	Colonoscopy		•Tellezavila Felix			IV general anesthesia	•Personal history of colon polyps		•Hemorrhoids •Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	58	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Ulcerative colitis, unspecified	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (terminal ileum) •Polyp (sigmoid colon) •Abnormal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	47	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (sigmoid colon, 5 mm) •Normal mucosa (terminal ileum)		•The polyp was completely removed.	•There were no apparent limitations or complications	

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	61	Colonoscopy		•Tellezavila Felix			IV general anesthesia	•Polyp of colon		•Polyp (ascending colon, 50 mm to 20 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	34	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Rectal bleeding		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Hemorrhoids •Diverticulum (the left side of the colon) •Normal mucosa (terminal ileum) •Hemorrhoids			•There were no apparent limitations or complications	
	50	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Abdominal pain	•Fentanyl150 mcg •Benadryl50 mg •Versed7 mg	•Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	66	Colonoscopy		•Tellezavila Felix			IV general anesthesia	•Colon cancer screening (low/average risk)		•Hemorrhoids •Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	
F	73	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)		•Polyp (sigmoid colon, 2 cm) •Polyp (ascending colon, 5 mm to 9 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	74	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Family history of colon cancer (High Risk) •Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Versed7 mg	•Hemorrhoids •Normal mucosa (terminal ileum) •Diverticulum (sigmoid colon) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 6 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	48	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 5 mm) •Hemorrhoids •Normal mucosa (terminal ileum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	49	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl25 mg •Versed4 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl125 mcg •Benadryl25 mg •Versed6 mg	•Hemorrhoids •Diverticulum (ascending colon)			•There were no apparent limitations or complications	
F	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl175 mcg •Versed6 mg	•Hemorrhoids •Diverticulum (whole colon) •Polyp (sigmoid colon, 3 mm)			•There were no apparent limitations or complications	

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F	78	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Stool (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp			•There were no apparent limitations or complications	
M	77	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)		•Hemorrhoids •Polyp (ascending colon, 3 mm to 5 mm) •Polyp (descending colon) •Polyp (descending colon)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
	64	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Diverticulum (sigmoid colon) •Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
M	69	Colonoscopy		•Tellezavila Felix			IV general anesthesia	•Personal history of colon polyps		•Polyp (descending colon) •Hemorrhoids •Polyp (sigmoid colon)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	85	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Diarrhea	•Fentanyl150 mcg •Versed1 mg	•Abnormal mucosa (transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	77	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Benadryl50 mg •Versed8 mg	•Polyp (ascending colon, 5 mm to 9 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	63	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed3 mg	•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	70	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Versed4 mg	•Polyp (ascending colon, 1 cm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	54	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Polyp of colon	•Fentanyl100 mcg •Versed5 mg	•Stool (ascending colon, transverse colon, descending colon and sigmoid colon) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Constipation; colon cancer screening	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Diverticulum (the left side of the colon) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	

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F	78	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Polyp of colon	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Polyp (descending colon, 6 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	77	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk) •Personal history of colon polyps	•Fentanyl50 mcg •Versed4 mg	•Polyp (ascending colon, 9 mm) •Stool (sigmoid colon and descending colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	72	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Personal history of colon polyps •Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed4 mg	•Diverticulum (sigmoid colon) •Polyp (ascending colon, 5 mm to 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	59	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology		•Abnormal mucosa (ascending colon, transverse colon and sigmoid colon)			•There were no apparent limitations or complications	
	71	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Personal history of colon polyps	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
M	66	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Benadryl50 mg •Versed1 mg	•Stool (cecum, ascending colon, transverse colon, descending colon and sigmoid colon) •Polyp (ascending colon, 6 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	64	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Fecal occult test positive •Anemia of unknown etiology		•Hemorrhoids •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
	50	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)		•Hemorrhoids •Polyp (descending colon) •Polyp (appendiceal orifice, 5 mm) •Diverticulum (sigmoid colon)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	58	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Constipation	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Polyp (descending colon, 5 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 5 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	60	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed3 mg	•Hemorrhoids •Stool (transverse colon, descending colon and sigmoid colon)				

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F	50	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Benadryl25 mg •Versed6 mg	•Hemorrhoids •Polyp (sigmoid colon, 3 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	72	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Gastrointestinal hemorrhage, unspecified		•Polyp (ascending colon, 3 cm to 3.5 cm)			•There were no apparent limitations or complications	
F	59	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Personal history of colon polyps	•Fentanyl150 mcg •Benadryl25 mg •Versed6 mg	•Polyp (sigmoid colon, 2 mm to 3 mm) •Hemorrhoids		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl125 mcg •Versed5 mg	•Hemorrhoids •Diverticulum (the left side of the colon)				
F	34	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Rectal bleeding	•Fentanyl50 mcg •Versed3 mg	•Stool (cecum, ascending colon, transverse colon and descending colon) •Normal mucosa (transverse colon, descending colon, sigmoid colon and rectum) •Hemorrhoids			•There were no apparent limitations or complications	
F	62	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Ulcerative colitis	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (terminal ileum) •Abnormal mucosa (rectum, sigmoid colon and descending colon) •Abnormal mucosa (transverse colon, ascending colon and cecum)			•There were no apparent limitations or complications	
M	68	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl25 mcg •Versed1 mg	•Diverticulum (sigmoid colon) •Polyp (rectum, 2 mm) •Polyp (sigmoid colon, 3 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	68	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Rectal bleeding	•Fentanyl50 mcg •Versed3 mg	•Hemorrhoids •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum)			•There were no apparent limitations or complications	
M	52	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Constipation		•Diverticulum (sigmoid colon) •Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	

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M	52	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Personal history of colon polyps •Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Polyp (transverse colon, 8 mm to 12 mm) •Polyp (ascending colon, 5 mm to 8 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	44	Colonoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR	•Fentanyl100 mcg •Versed4 mg	•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	72	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Ulcerative colitis, unspecified, without complications	•Fentanyl150 mcg •Benadryl25 mg •Versed6 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	57	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Surveillance	•Fentanyl100 mcg •Benadryl25 mg •Versed4 mg	•Normal mucosa (whole colon) •Diverticulum (the left side of the colon) •Hemorrhoids			•There were no apparent limitations or complications	
M	50	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl125 mcg •Benadryl25 mg •Versed5 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	69	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (cecum, 4 mm) •Polyp (ascending colon, 5 mm to 8 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum) •Polyp (sigmoid colon, 6 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	66	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
M	75	Colonoscopy		•Inamdar Sumant			Moderate sedation	•UC surveillance	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (cecum, ascending colon, transverse colon, descending colon and sigmoid colon) •Abnormal mucosa (sigmoid colon)			•There were no apparent limitations or complications	
	62	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Hematochezia	•Fentanyl50 mcg •Versed4 mg	•Blood (cecum) •Hemorrhoids •Hemorrhoids •Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	70	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
F	76	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	

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M	68	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
	77	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (transverse colon, 4 mm) •Normal mucosa (transverse colon, descending colon, sigmoid colon and rectum) •Polyp (descending colon, 6 mm) •Previous Surgery (transverse colon)		•The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed2 mg	•Polyp (sigmoid colon, 3 mm) •Polyp (sigmoid colon, 8 mm) •Polyp (descending colon, 3 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	46	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Gastrointestinal bleeding	•Fentanyl75 mcg •Benadryl25 mg •Versed3 mg	•Diverticulum (whole colon)			•There were no apparent limitations or complications	
M	46	Colonoscopy		•Tellezavila Felix			MAC	•celiac disease		•Normal mucosa (whole colon and terminal ileum)				
F	56	Colonoscopy		•Tellezavila Felix			MAC	•Polyp of colon		•Polyp (sigmoid colon, 6 mm to 7 mm) •Polyp (sigmoid colon, 3 mm to 3 mm) •Additional Finding		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	51	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Surveillance colonoscopy		•Normal mucosa (whole colon) •Previous Surgery (sigmoid colon)			•There were no apparent complications	
M	75	Colonoscopy		•Tellezavila Felix			MAC	•Diarrhea		•Normal mucosa (the rest of the whole colon) •Previous Surgery (proximal ascending colon)			•There were no apparent limitations or complications	
F	73	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed3 mg	•Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	63	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)		•Polyp (sigmoid colon, descending colon and sigmoid colon and descending colon, 3 mm to 4 mm) •Normal mucosa (whole colon) •Diverticulum (sigmoid colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	

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M	37	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl150 mcg •Benadryl25 mg •Versed6 mg	•Normal mucosa (Of the rest of the whole colon) •Abnormal mucosa (transverse colon)			•There were no apparent limitations or complications	
F	84	Colonoscopy		•Tellezavila Felix			MAC	•Benign neoplasm of cecum		•Hemorrhoids •Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	61	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl75 mcg •Versed3 mg	•Diverticulum (sigmoid colon) •Hemorrhoids			•There were no apparent limitations or complications	
M	63	Colonoscopy		•Tellezavila Felix			Moderate sedation	•anemia	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	89	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding		•Hemorrhoids •Polyp (ascending colon and transverse colon, 7 mm to 10 mm) •Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	50	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl25 mg •Versed4 mg	•Polyp (distal descending colon, 5 mm to 7 mm) •Normal mucosa (whole colon) •Polyp (distal descending colon, 2 mm to 3 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	51	Colonoscopy		•Tellezavila Felix			Moderate sedation	•surveillance colonoscopy- No family h/o colon cancer	•Fentanyl100 mcg •Versed5 mg	•Polyp (proximal transverse colon, 2 mm to 4 mm) •Normal mucosa (whole colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	76	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	70	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Polyp of colon	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (cecum, ascending colon, hepatic flexure, transverse colon, splenic flexure, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	75	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colonic polyps		•Polyp (sigmoid colon, 5 mm to 3 mm) •Hemorrhoids •Polyp (transverse colon, 6 mm to 8 mm) •Polyp (transverse colon, 6 mm to 8 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved. •The polyp was completely removed.		
F	69	Colonoscopy		•Tellezavila Felix			Moderate sedation	•constipation		•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	75	Colonoscopy		•Tellezavila Felix			MAC	•Polyp of colon		•Diverticulum (sigmoid colon) •Polyp (descending colon, 4 mm) •Polyp (descending colon, 4 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	48	Colonoscopy		•Tellezavila Felix			MAC	•Crohn's disease of the small bowel		•Additional Finding			•There were no apparent limitations or complications	
	28	Colonoscopy		•Tellezavila Felix			MAC	•Chronic diarrhea		•Ulcer (rectum) •Normal mucosa (in the rest of the colon)			•There were no apparent limitations or complications	
M	50	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Other diseases of stomach and duodenum		•Hemorrhoids •Normal mucosa (whole colon) •Diverticulum (whole colon) •Polyp (sigmoid colon, 4 mm to 7 mm) •Polyp (sigmoid colon, 4 mm to 7 mm) •Polyp (rectum, 5 mm) •Polyp (rectum, 5 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved. •The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	69	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	

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F	72	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Personal history of colon polyps	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Polyp (descending colon, 6 mm to 8 mm) •Diverticulum (sigmoid colon) •Polyp (ascending colon, 6 mm) •Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	60	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Polyp (2 mm to 4 mm) •Normal mucosa (whole colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	38	Colonoscopy		•Tellezavila Felix			MAC	•stricture in anastomoses		•Previous Surgery			•There were no apparent limitations or complications	
	55	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	66	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Ischemia, small bowel		•Additional Finding			•There were no apparent limitations or complications	
M	78	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed3 mg	•Diverticulum (sigmoid colon) •Abnormal mucosa (ascending colon and transverse colon) •Polyp (rectum, 7 mm) •Polyp (rectum, 7 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
	73	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Benign neoplasm of cecum	•Fentanyl50 mcg •Versed2 mg	•Hemorrhoids •Polyp (cecum, 3 mm) •Polyp (transverse colon, 2 mm to 7 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	77	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Benign neoplasm of transverse colon		•Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	48	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (ascending colon, 5 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Benadryl25 mg •Versed5 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	35	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Getting IVIG and Rx from Cleveland for Gastroparesis. Bleeding PR, previous colon - poor prep at the Clinic, Medical Marijuana use	•Fentanyl175 mcg •Benadryl25 mg •Versed9 mg	•Normal mucosa (whole colon) •Hemorrhoids				

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M	59	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Benadryl25 mg •Versed4 mg	•Diverticulum (sigmoid colon) •Polyp (sigmoid colon, 3 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	52	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole colon) •Polyp (distal ascending colon, 2 mm to 3 mm) •Diverticulum (sigmoid colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	79	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Benadryl50 mg •Versed7 mg	•Normal mucosa (distal ascending colon, transverse colon and descending colon) •Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	
	57	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Repeat biopsy - no evidence of adenoma / dysplasia, currently asymptomatic		•Previous Surgery (sigmoid colon) •Polyp (sigmoid colon) •Polyp (sigmoid colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	71	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Diarrhea		•Diverticulum (sigmoid colon) •Normal mucosa (terminal ileum) •Hemorrhoids •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	69	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (transverse colon, 6 mm to 8 mm) •Polyp (cecum, 4 mm to 6 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	49	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Benadryl25 mg •Versed7 mg	•Diverticulum (whole colon) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	58	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk). History of polyps removed in 2005	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	77	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Surveillance colonoscopy	•Fentanyl75 mcg •Versed3 mg	•Polyp (4 mm to 5 mm) •Normal mucosa (whole colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	47	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Polyp (ascending colon, 1 cm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	61	Colonoscopy		•Tellezavila Felix			MAC	•PHx colonic polyps		•Hemorrhoids •Normal mucosa (whole colon)				

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F	37	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Terminal ileum polyps		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (terminal ileum, 5 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	56	Colonoscopy		•Tellezavila Felix			Moderate sedation	•RBRPR	•Fentanyl75 mcg •Versed3 mg	•Angioectasia (rectum) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	49	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Polyp (ascending colon, 4 mm) •Hemorrhoids •Normal mucosa (whole colon) •Polyp (rectum, 4 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	60	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Abdominal pain		•Polyp (sigmoid colon, 8 mm) •Normal mucosa (whole colon) •Polyp (rectum, 2 mm to 2 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	58	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Rectal mass	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Mass (rectum, 6 cm)			•There were no apparent limitations or complications	
F	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•anemia	•Fentanyl25 mcg •Versed1 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	67	Colonoscopy		•Tellezavila Felix			Moderate sedation	•FIT positive	•Fentanyl100 mcg •Versed4 mg	•Polyp (transverse colon, 12 mm) •Diverticulum (the left side of the colon) •Polyp (ascending colon, 3 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	74	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Rectal bleeding	•Fentanyl50 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
F	75	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyp of colon		•Diverticulum (the left side of the colon) •Polyp (transverse colon, 10 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	78	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Gi bleeding		•Angioectasia (cecum and ascending colon) •Normal mucosa (rest of the colon)			•There were no apparent limitations or complications	
	44	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Ulcerative pancolitis					•There were no apparent limitations or complications	

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	69	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Family history of colon cancer (High Risk) •Personal history of colon polyps		•Polyp (ascending colon, 4 mm to 5 mm) •Polyp (transverse colon, 5 mm) •Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	47	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
M	75	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (high risk)	•Fentanyl50 mcg •Versed2 mg	•Polyp (descending colon, 5 mm) •Normal mucosa (whole colon) •Hemorrhoids		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	46	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed4 mg	•Polyp (cecum, 7 mm) •Hemorrhoids •Diverticulum (the left side of the colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	51	Colonoscopy		•Tellezavila Felix			MAC	•anemia		•Hemorrhoids •Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	64	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Melena		•Polyp (descending colon, 5 mm) •foreign body (transverse colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	61	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Hematochezia	•Fentanyl50 mcg •Versed4 mg	•Previous Surgery (sigmoid colon) •Polyp (rectum, 15 mm) •Normal mucosa (proximal descending colon, transverse colon, ascending colon and cecum) •Hemorrhoids •Normal mucosa (terminal ileum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	69	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl125 mcg •Benadryl25 mg •Versed8 mg	•Polyp (sigmoid colon, 3 mm to 5 mm) •Normal mucosa (rest of the colon) •Polyp (transverse colon, 6 mm to 7 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
	59	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Ulcerative colitis, left sided	•Fentanyl100 mcg •Versed4 mg	•Abnormal mucosa (rectum and sigmoid colon)			•There were no apparent limitations or complications	
	45	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Diarrhea •Abdominal pain		•Polyp (rectum, 5 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	

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M	67	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (ascending colon, 1 cm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 6 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	71	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
M	21	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Abdominal pain		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	85	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Anemia •Abdominal pain		•Stool (rectum and sigmoid colon)			•There were no apparent limitations or complications	
M	79	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Diarrhea •Abdominal pain		•Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
M	69	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl125 mcg •Versed5 mg	•Diverticulum (whole colon) •Hemorrhoids •Polyp (rectum, 4 mm)			•There were no apparent limitations or complications	
F	57	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
	72	Colonoscopy		•Tellezavila Felix			MAC	•Tubular adenoma of colon		•Polyp (rectum, 2 mm to 3 mm) •Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	
F	49	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Crohn's disease of the small bowel and colon	•Fentanyl50 mcg •Versed2 mg	•Previous Surgery (sigmoid colon) •Normal mucosa (rectum and sigmoid colon) •Normal mucosa (terminal ileum)			•There were no apparent limitations or complications	
	70	Colonoscopy		•Tellezavila Felix			Moderate sedation	•anemia	•Fentanyl25 mcg •Versed1 mg	•Diverticulum (whole colon) •Normal mucosa (terminal ileum)			•There were no apparent limitations or complications	
F	24	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Suspected ulcerative colitis	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (terminal ileum) •Abnormal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	61	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Hematochezia	•Fentanyl150 mcg •Versed7 mg	•Polyp (descending colon, 4 cm) •Mass (hepatic flexure, 7 cm)			•There were no apparent limitations or complications	
	64	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Liver transplant disorder	•Fentanyl75 mcg •Versed4 mg	•Diverticulum (sigmoid colon) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	

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M	68	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Diarrhea		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum) •Polyp (ascending colon, 6 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	83	Colonoscopy		•Tellezavila Felix			MAC	•melena, anemia		•Diverticulum (sigmoid colon) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	28	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Crohn's disease of the small bowel	•Fentanyl125 mcg •Benadryl25 mg •Versed7 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	64	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	64	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Diarrhea	•Fentanyl50 mcg •Versed2 mg	•Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	73	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Scar (ascending colon) •Polyp (ascending colon, 6 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	23	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Stool impaction with colonic obstruction		•Stool (descending colon)			•There were no apparent limitations or complications	
F	75	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Pelvic mass		•Polyp (ascending colon, 2 cm to 3 cm) •Polyp (ascending colon, 6 mm to 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	84	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Benign neoplasm of cecum		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Scar (ascending colon)			•There were no apparent limitations or complications	
F	42	Colonoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR	•Fentanyl100 mcg •Versed5 mg	•Polyp (rectum, 5 mm) •Hemorrhoids •Polyp (sigmoid colon, 2 mm to 4 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	69	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Hemorrhoids •Diverticulum (sigmoid colon) •Polyp (ascending colon, 10 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	

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M	44	Colonoscopy		•Tellezavila Felix			MAC	•abdominal pain		•Polyp (transverse colon, 5 mm) •Hemorrhoids •Normal mucosa (the rest of the whole colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	48	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Stool (whole colon)				
M	50	Colonoscopy		•Tellezavila Felix			MAC	•anemia		•Normal mucosa (whole colon and terminal ileum) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	71	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed7 mg	•Polyp (ascending colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	55	Colonoscopy		•Tellezavila Felix			MAC	•Gardner syndrome		•Additional Finding •Polyp (2 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	76	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Family history of colon cancer (High Risk)		•Polyp (sigmoid colon, 11 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	53	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
F	68	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (descending colon, 5 mm to 8 mm) •Normal mucosa (whole colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	71	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Personal history of colon polyps	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Polyp (descending colon) •Additional Finding		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	64	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Other diseases of stomach and duodenum	•Fentanyl25 mcg •Versed2 mg	•Additional Finding				
F	64	Colonoscopy		•Tellezavila Felix			MAC	•Polyp of colon		•Polyp (ascending colon, 20 mm) •Diverticulum (sigmoid colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	56	Colonoscopy		•Tellezavila Felix			IV general anesthesia	•BRBPR		•Hemorrhoids •Diverticulum (sigmoid colon) •Polyp (transverse colon, 3 mm) •Polyp (transverse colon, 7 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	78	Colonoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR	•Fentanyl125 mcg •Versed7 mg	•Diverticulum (sigmoid colon) •Normal mucosa (rest of the colon) •Hemorrhoids			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	48	Colonoscopy		•Tellezavila Felix			MAC	•Other diseases of stomach and duodenum		•Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	29	Colonoscopy		•Tellezavila Felix			MAC	•GVHD		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	61	Colonoscopy		•Tellezavila Felix			No anesthesia	•Prob. Ischemic Colitis		•Normal mucosa (distal descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
M	81	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
M	30	Colonoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR	•Fentanyl50 mcg	•Hemorrhoids •Normal mucosa (rectum and sigmoid colon)			•There were no apparent limitations or complications	
	75	Colonoscopy		•Tellezavila Felix			MAC	•Anemia, etiology unknown		•Hemorrhoids •Diverticulum (sigmoid colon) •Polyp (whole colon, 2 mm to 5 mm) •Angioectasia (ascending colon) •Lipoma (ascending colon)			•There were no apparent limitations or complications	
F	63	Colonoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR	•Fentanyl125 mcg •Versed5 mg	•Hemorrhoids •Diverticulum (sigmoid colon) •Polyp (sigmoid colon, 6 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	75	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Ascending colon cancer		•Scar (distal ascending colon)			•There were no apparent limitations or complications	
F	51	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding		•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	65	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Ulcer of intestine	•Fentanyl50 mcg •Versed3 mg	•Hemorrhoids •Diverticulum (sigmoid colon) •Normal mucosa (rest of the colon and TI) •Abnormal mucosa (ascending colon)			•There were no apparent limitations or complications	
M	64	Colonoscopy		•Tellezavila Felix			Moderate sedation							
M	30	Colonoscopy		•Tellezavila Felix			MAC	•BRBPR		•Polyp (transverse colon, 3 mm) •Hemorrhoids			•There were no apparent limitations or complications	
M	51	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon) •Stool (descending colon and sigmoid colon)				
F	78	Colonoscopy		•Inamdar Sumant			IV general anesthesia	•Personal history of colon polyps		•Polyp (rectum, 4 cm to 5 cm)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	22	Colonoscopy		•Tellezavila Felix			MAC	•BRBPR		•Hemorrhoids			•There were no apparent limitations or complications	
F	72	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl125 mcg •Versed6 mg	•Mass (distal rectum)			•There were no apparent limitations or complications	
	71	Colonoscopy		•Tellezavila Felix			MAC	•Personal history of colon polyps Incomplete colonoscopy		•Polyp (rectum) •Diverticulum (sigmoid colon) •Polyp (ascending colon, 3 mm)			•There were no apparent limitations or complications	
M	53	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon) •Polyp (descending colon, 3 mm to 5 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	48	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole colon) •Polyp (ascending colon, 2 mm to 3 mm) •Polyp (rectum, 5 mm to 6 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	24	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Abdominal pain. Gardner syndrome.		•Abnormal mucosa		•The polyp was completely removed.	•There were no apparent limitations or complications	
	74	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Crohn's disease of the colon		•Previous Surgery (ascending colon) •Stenosis (anastomosis) •Normal mucosa (ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
	55	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Surveillance colonoscopy	•Fentanyl125 mcg •Benadryl25 mg •Versed6 mg	•Hemorrhoids •Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	66	Colonoscopy		•Tellezavila Felix			Moderate sedation	•screening colonoscopy	•Fentanyl100 mcg •Versed5 mg	•Polyp (descending colon, 5 mm) •Hemorrhoids •Diverticulum (sigmoid colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	68	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyp of colon		•Polyp (ascending colon, 4 mm) •Polyp (splenic flexure, 12 mm) •Polyp (sigmoid colon, 12 mm) •Diverticulum (whole colon) •Polyp (rectum, 12 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	67	Colonoscopy		•Tellezavila Felix			MAC	•Benign neoplasm of ascending colon		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	49	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed6 mg	•Polyp (sigmoid colon, 3 mm) •Hemorrhoids •Normal mucosa (rest of the whole colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	49	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed6 mg	•Stool (whole colon) •Polyp (sigmoid colon, 5 mm)		•The polyp was completely removed.		
	57	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Surveillance colonoscopy	•Fentanyl50 mcg •Cipro400 mg •Versed2 mg	•Hemorrhoids •Normal mucosa (whole colon)				
F	54	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Diverticulum (sigmoid colon) •Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	59	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl125 mcg •Versed6 mg	•Normal mucosa (rest of the whole colon) •Polyp (rectum, 3 mm) •Polyp (sigmoid colon, 3 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	57	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Polyp (sigmoid colon, 3 mm) •Diverticulum (sigmoid colon) •Normal mucosa (rest of the whole colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	81	Colonoscopy		•Tellezavila Felix			MAC	•Polyps in the colon		•Normal mucosa (whole colon) •Diverticulum (the left side of the colon) •Additional Finding •Hemorrhoids			•There were no apparent limitations or complications	
F	59	Colonoscopy		•Tellezavila Felix			MAC	•GI bleeding		•Polyp (ascending colon, 2 mm to 3 mm) •Hemorrhoids •Diverticulum (whole colon) •Normal mucosa (rest of the whole colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	47	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Stool (cecum, ascending colon and transverse colon) •Polyp (ascending colon, 5 mm to 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	59	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole colon) •Diverticulum (whole colon) •Polyp (ascending colon, 4 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	38	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Hematochezia •Personal history of colon polyps	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
	37	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Benign neoplasm of descending colon	•Fentanyl100 mcg •Benadryl25 mg •Versed4 mg	•Hemorrhoids •Normal mucosa (rest of the whole colon) •Polyp (transverse colon, 3 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	65	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed6 mg	•Hemorrhoids •Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	61	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Benadryl25 mg •Versed9 mg	•Polyp (sigmoid colon, 2 mm to 3 mm) •Hemorrhoids •Polyp (transverse colon, 3 mm to 4 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	57	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Family history of colon cancer (High Risk)		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (sigmoid colon, 4 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
	59	Colonoscopy		•Tellezavila Felix			Moderate sedation	•screening colonoscopy	•Fentanyl150 mcg •Versed9 mg	•Normal mucosa (descending colon, sigmoid colon and rectum) •Diverticulum (the left side of the colon)			•poor tolerance	
F	71	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (ascending colon and sigmoid colon, 5 mm to 9 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	39	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Polyp (ascending colon, 5 mm to 13 mm) •Normal mucosa (rest of the whole colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	62	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole colon) •Hemorrhoids •Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	70	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Polyp (descending colon, 3 mm) •Diverticulum (whole colon) •Hemorrhoids •Polyp (sigmoid colon, 2 mm to 3 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	51	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Additional Finding •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	51	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (descending colon, 6 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	56	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole colon) •Polyp (cecum, 3 mm to 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	56	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole colon) •Polyp (descending colon, 3 mm to 6 mm) •Diverticulum (the left side of the colon) •Polyp (transverse colon, 4 mm to 8 mm) •Polyp (ascending colon, 3 mm to 4 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
	49	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed2 mg	•Additional Finding			•There were no apparent limitations or complications	
M	50	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl125 mcg •Versed10 mg	•Polyp (sigmoid colon, 3 mm to 7 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	79	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Personal history of colon polyps		•Additional Finding			•There were no apparent limitations or complications	
F	60	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (transverse colon, 8 mm to 11 mm) •Polyp (sigmoid colon, 15 mm) •Polyp (ascending colon, 5 mm to 9 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	52	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole colon) •Polyp (sigmoid colon, 3 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	55	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)		•Polyp (sigmoid colon, 4 mm to 6 mm) •Polyp (transverse colon, 5 mm) •Abnormal mucosa (ileocecal valve)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	30	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Suspected foreign body in the colon	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	73	Colonoscopy		•Tellezavila Felix			Moderate sedation	•surveillance colonoscopy	•Fentanyl75 mcg •Versed5 mg	•Hemorrhoids •Diverticulum (sigmoid colon) •Polyp (sigmoid colon, 3 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	60	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Suspected colitis / diverticulitis •Abdominal pain		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Diverticulum (sigmoid colon) •Polyp (sigmoid colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	90	Colonoscopy		•Tellezavila Felix			Moderate sedation	•surveillance colonoscopy		•Diverticulum (whole colon) •Mass (transverse colon, 6 cm)			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Tellezavila Felix			MAC	•Abdominal pain		•Polyp (sigmoid colon, 3 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	66	Colonoscopy		•Tellezavila Felix			Moderate sedation	•surveillance colonoscopy		•Hemorrhoids •Diverticulum (whole colon) •Polyp (rectum, 3 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
	63	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Benign neoplasm of sigmoid colon		•Normal mucosa (rest of the whole colon) •Polyp (descending colon, 2 mm to 3 mm) •Polyp (ascending colon, 3 mm) •Hemorrhoids		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	78	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Hematochezia		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Diverticulum (sigmoid colon) •Hemorrhoids •Polyp (ascending colon and descending colon, 5 mm to 8 mm)			•There were no apparent limitations or complications	
M	67	Colonoscopy		•Tellezavila Felix			Moderate sedation	•surveillance colonoscopy		•Polyp (ascending colon, 5 mm) •Hemorrhoids •Diverticulum (whole colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	30	Colonoscopy		•Tellezavila Felix			MAC	•BRBPR		•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	78	Colonoscopy		•Tellezavila Felix			MAC	•polyps in the colon		•Polyp (10 mm) •Previous Surgery (sigmoid colon) •Polyp (6 mm to 7 mm) •Polyp (transverse colon, 3 mm to 7 mm) •Polyp (18 mm) •Polyp (12 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
	70	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed2 mg	•Additional Finding			•There were no apparent limitations or complications	
M	25	Colonoscopy		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Diarrhea		•Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
M	37	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia	•Fentanyl100 mcg •Versed6 mg	•Additional Finding			•There were no apparent limitations or complications	
F	53	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
M	66	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed2 mg	•Additional Finding •Hemorrhoids			•There were no apparent limitations or complications	
M	68	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed6 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	

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M	64	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology •Hematochezia	•Fentanyl150 mcg •Benadryl50 mg •Versed1 mg	•Diverticulum (sigmoid colon) •Hemorrhoids •Polyp (cecum, 10 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	57	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl150 mcg •Versed4 mg	•Polyp (ascending colon, 5 mm) •Hemorrhoids		•The polyp was completely removed.		
F	71	Colonoscopy		•Tellezavila Felix			Moderate sedation	•surveillance colonoscopy	•Fentanyl100 mcg •Versed7 mg	•Diverticulum (the left side of the colon) •Normal mucosa (rest of the whole colon) •Polyp (ascending colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	70	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Diarrhea	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (terminal ileum) •Abnormal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	64	Colonoscopy		•Tellezavila Felix			MAC	•polyps in the colon		•Polyp (transverse colon, 12 mm) •Diverticulum (the left side of the colon) •Polyp (ascending colon, 12 mm to 15 mm)		•The polyp was completely removed. •The polyp was completely removed.		
	39	Colonoscopy		•Tellezavila Felix			Moderate sedation	•anemia	•Fentanyl150 mcg •Benadryl25 mg •Versed1 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	68	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed6 mg	•Additional Finding			•There were no apparent limitations or complications	
F	73	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia	•Fentanyl150 mcg •Versed6 mg	•Normal mucosa (whole colon) •Additional Finding •Diverticulum (whole colon)			•There were no apparent limitations or complications	
M	45	Colonoscopy		•Tellezavila Felix			IV general anesthesia	•chronic constipation		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	63	Colonoscopy		•Tellezavila Felix			MAC	•GI bleeding		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	79	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Dvrtclos of Ig int w/o perforation or abscess w/o bleeding •Benign neoplasm of cecum •Colon cancer screening (low/average risk)	•Fentanyl125 mcg •Versed9 mg	•Additional Finding			•There were no apparent limitations or complications	
M	59	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	

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M	37	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole colon and terminal ileum) •Additional Finding			•There were no apparent limitations or complications	
	76	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Dvrtclos of lg int w/o perforation or abscess w/o bleeding •Hematochezia	•Fentanyl100 mcg •Versed7 mg	•Additional Finding			•There were no apparent limitations or complications	
	52	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Ulcerative colitis, unspecified	•Fentanyl50 mcg •Benadryl25 mg •Versed7 mg	•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, proximal sigmoid colon and mid-sigmoid colon) •Abnormal mucosa (distal sigmoid colon and rectum) •Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	66	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed5 mg	•Normal mucosa (rest of whole colon) •Hemorrhoids •Polyp (descending colon, 3 mm) •Polyp (ascending colon, 5 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	59	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl25 mg •Versed9 mg	•Polyp (transverse colon, 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	42	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia	•Versed2 mg	•Additional Finding			•There were no apparent limitations or complications	
F	73	Colonoscopy		•Tellezavila Felix			Moderate sedation	•FIT+ve test	•Fentanyl100 mcg •Versed5 mg	•Polyp (sigmoid colon, 7 mm to 5 mm) •Hemorrhoids •Diverticulum (whole colon) •Polyp (rectum, 3 mm to 2 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	70	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Melena	•Fentanyl125 mcg •Versed10 mg	•Normal mucosa (whole colon) •Additional Finding			•There were no apparent limitations or complications	
	66	Colonoscopy		•Tellezavila Felix			MAC	•big polyp in right colon		•Polyp (ascending colon, 10 mm) •Polyp (ascending colon, 10 mm) •Hemorrhoids •Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	
M	72	Colonoscopy		•Tellezavila Felix			Moderate sedation	•CT of abdomen abnormal	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa (distal sigmoid colon)			•There were no apparent limitations or complications	
F	70	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp •Scar (ascending colon)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	51	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed7 mg	•Additional Finding			•There were no apparent limitations or complications	
M	49	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Scar (ascending colon)			•There were no apparent limitations or complications	
F	55	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	74	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diverticulosis •Screening Colon Cancer (low risk)	•Fentanyl100 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
F	69	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
F	72	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Polyp (ascending colon, 5 mm) •Diverticulum (the left side of the colon) •Polyp (descending colon, 3 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	49	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
	47	Colonoscopy		•Tellezavila Felix			MAC	•surveillance colonoscopy		•Normal mucosa (The rest of the whole colon) •Polyp (transverse colon, 4 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	55	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Diverticulum (sigmoid colon) •Polyp (sigmoid colon, 5 mm to 9 mm) •Polyp (ascending colon, 5 mm to 9 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
	76	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Hematochezia	•Fentanyl75 mcg •Versed3 mg	•Diverticulum (whole colon)			•There were no apparent limitations or complications	
M	53	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyp of colon		•Polyp (descending colon, 3 mm) •Polyp (sigmoid colon, 3 mm to 8 mm) •Diverticulum (the left side of the colon)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	66	Colonoscopy		•Tellezavila Felix			MAC	•Crohn's disease of the small bowel		•Abnormal mucosa (ileocecal valve) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
	75	Colonoscopy		•Tellezavila Felix			MAC	•Benign neoplasm of ascending colon		•Abnormal mucosa (sigmoid colon) •Normal mucosa (the rest of the whole colon)			•There were no apparent limitations or complications	
F	50	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Screening Colon Cancer (low risk)	•Fentanyl50 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
F	49	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Family history of colon cancer (High Risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum)			•There were no apparent limitations or complications	
F	78	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon •Benign neoplasm of ascending colon •Screening for colon cancer is appropriate, and a colonoscopy will be scheduled	•Fentanyl50 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
M	71	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (sigmoid colon, 6 mm) •Normal mucosa (terminal ileum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	29	Colonoscopy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Presacral mass		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	47	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Screening Colon Cancer (low risk)	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	72	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Polyp (ascending colon, 1 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	60	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed7 mg	•Additional Finding •Polyp (descending colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	67	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	49	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl25 mcg •Benadryl25 mg •Versed1 mg	•Previous Surgery (cecum) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	

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M	42	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia	•Fentanyl50 mcg	•Additional Finding •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	67	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GVHD	•Fentanyl75 mcg •Versed5 mg	•Diverticulum (whole colon) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	47	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole colon and terminal ileum)			•There were no apparent limitations or complications	
F	51	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (ascending colon, 5 mm to 8 mm) •Polyp (transverse colon, 5 mm to 8 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	65	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Encounter for screening for colorectal cancer in high risk patient	•Fentanyl100 mcg •Versed7 mg	•Additional Finding			•There were no apparent limitations or complications	
M	49	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Screening Colon Cancer (low risk)	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole colon and terminal ileum)			•There were no apparent limitations or complications	
M	70	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	91	Colonoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR		•Hemorrhoids •Diverticulum (whole colon)			•There were no apparent limitations or complications	
M	46	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Versed6 mg	•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
M	63	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg	•Additional Finding			•There were no apparent limitations or complications	
M	46	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Ulcerative colitis	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa (distal transverse colon, sigmoid colon, descending colon and proximal rectum)			•There were no apparent limitations or complications	
M	56	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
	62	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
M	64	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
M	68	Colonoscopy		•Inamdar Sumant			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed2 mg	•Abnormal mucosa			•There were no apparent limitations or complications	

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M	58	Colonoscopy		•Tellezavila Felix			MAC	•big polyp in the colon		•Polyp (hepatic flexure, 12 mm) •Hemorrhoids		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	65	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage, unspecified		•Additional Finding			•There were no apparent limitations or complications	
F	75	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed8 mg	•Polyp (descending colon, 5 mm) •Additional Finding •Polyp (distal transverse colon, 5 mm) •Polyp (ascending colon, 2 mm) •Polyp (ascending colon, 2 mm) •Polyp (ascending colon, 2 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	65	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon	•Cefazolin3 gm	•Polyp			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	66	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps •Incomplete colonoscopy due to tortuosity and redundant colon		•Polyp (ascending colon, 1 cm) •Polyp (descending colon, 6 mm) •Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	62	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon and terminal ileum. Grade I internal hemorrhoids.)			•There were no apparent limitations or complications	
F	45	Colonoscopy		•Tellezavila Felix			MAC	•GI bleeding		•Normal mucosa (rest of the whole colon) •Polyp (distal sigmoid colon, 2 mm to 3 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	73	Colonoscopy		•Tellezavila Felix			MAC	•Surveillance colonoscopy		•Hemorrhoids •Normal mucosa (rest of the whole colon) •Diverticulum (the left side of the colon)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	68	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Personal history of colon polyps	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum) •Polyp (ascending colon, 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	65	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging of liver •Cancer with unknown primary site	•Versed4 mg	•Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
	58	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Personal history of colon polyps	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 1 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	62	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
M	48	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Family history of colon cancer (High Risk)	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole colon and terminal ileum)			•There were no apparent limitations or complications	
F	50	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 8 mm) •Normal mucosa (terminal ileum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	64	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology •Melena	•Fentanyl100 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
F	59	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	35	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole colon, terminal ileum up to 20 cm from the ileocecal valve. Biopsies from T1, right colon, left colon and rectum performed.)			•There were no apparent limitations or complications	
	38	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Ulcerative colitis	•Fentanyl50 mcg •Benadryl50 mg •Versed10 mg	•Abnormal mucosa (distal sigmoid colon and rectum) •Additional Finding			•There were no apparent limitations or complications	
F	67	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed8 mg	•Polyp (sigmoid colon, 4 mm) •Hemorrhoids •Polyp (cecum) •Polyp (descending colon, 2 mm to 3 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	52	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole colon) •Diverticulum (whole colon)			•There were no apparent limitations or complications	
	63	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia	•Fentanyl100 mcg •Versed2 mg	•Additional Finding			•There were no apparent limitations or complications	
F	30	Colonoscopy		•Tellezavila Felix			MAC	•BRBPR		•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
	67	Colonoscopy		•Tellezavila Felix			MAC	•surveillance colonoscopy		•Hemorrhoids •Diverticulum (the left side of the colon) •Polyp (rectum, 3 mm to 4 mm) •Polyp (descending colon, 3 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	72	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging •Colon cancer screening (low/average risk) Abnormal PET scan	•Fentanyl50 mcg	•Normal mucosa (whole colon, terminal ileum. Internal hemorrhoids grade I and skin tag noted.)			•There were no apparent limitations or complications	
F	65	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea •Anemia of unknown etiology •Screening Colon Cancer (low risk)	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
M	62	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Crohn's disease, small bowel and colon	•Fentanyl100 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
F	47	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Benadryl25 mg •Versed7 mg	•Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	52	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	44	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology	•Fentanyl50 mcg •Versed4 mg	•Additional Finding •Polyp (sigmoid colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	53	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Abnormal findings on imaging test •Melena	•Fentanyl50 mcg •Versed3 mg	•Polyp (5 mm) •Diverticulum (the left side of the colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	72	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea	•Fentanyl125 mcg •Versed6 mg	•Additional Finding			•There were no apparent limitations or complications	
F	68	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed1 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	

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F	57	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon	•Fentanyl150 mcg •Versed7 mg	•Additional Finding			•There were no apparent limitations or complications	
M	52	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed6 mg	•Additional Finding			•There were no apparent limitations or complications	
M	65	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage, unspecified		•Additional Finding			•There were no apparent limitations or complications	
F	72	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
M	61	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 6 mm to 1 cm) •Normal mucosa (terminal ileum) •Polyp (sigmoid colon, 6 mm to 9 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	62	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Squamous cell carcinoma of anus	•Fentanyl150 mcg •Versed6 mg	•Additional Finding			•There were no apparent limitations or complications	
	78	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	61	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
M	81	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia	•Fentanyl50 mcg	•Additional Finding			•There were no apparent limitations or complications	
F	63	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed6 mg	•Normal mucosa (whole colon) •Hemorrhoids •Polyp (transverse colon, 6 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	28	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Benadryl25 mg •Versed6 mg	•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	64	Colonoscopy		•Tellezavila Felix			Moderate sedation	•colonic polyp		•Polyp (sigmoid colon, 3 mm) •Polyp (sigmoid colon, 3 mm) •Polyp (ascending colon, 15 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	48	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia	•Fentanyl200 mcg •Versed10 mg	•Additional Finding			•There were no apparent limitations or complications	
M	52	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Rectal bleeding •Personal history of colon polyps		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
	67	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)		•Polyp (ascending colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	39	Colonoscopy		•Tellezavila Felix			Moderate sedation	•abdominal pain	•Fentanyl25 mcg •Versed1 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	50	Colonoscopy		•Tellezavila Felix			MAC	•BRBPR		•Polyp (ascending colon, 13 mm) •Diverticulum (whole colon) •Polyp (descending colon, 4 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	52	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	45	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Surveillance of colonic polyps	•Fentanyl50 mcg •Benadryl25 mg •Versed6 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	52	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk) •Positive FIT (fecal immunochemical test)	•Fentanyl50 mcg •Benadryl25 mg •Versed7 mg	•Additional Finding			•There were no apparent limitations or complications	
	39	Colonoscopy		•Tellezavila Felix			MAC	•Other diseases of stomach and duodenum		•Normal mucosa (whole colon and terminal ileum)			•There were no apparent limitations or complications	
F	71	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Abdominal pain		•Hemorrhoids •Diverticulum (whole colon) •Polyp (ascending colon, 3 mm to 4 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	64	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Polyp (ascending colon, 5 mm to 10 mm) •Polyp (ascending colon, 10 mm to 15 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	51	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Hemorrhoids •Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	21	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia	•Fentanyl100 mcg •Benadryl25 mg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	74	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	66	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Encounter for screening for colorectal cancer in high risk patient	•Fentanyl50 mcg •Benadryl25 mg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
M	62	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Positive FIT (fecal immunochemical test)	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	51	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl25 mg •Versed5 mg	•Normal mucosa (whole colon) •Additional Finding			•There were no apparent limitations or complications	
M	72	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed4 mg	•Polyp (proximal ascending colon, 3 mm to 5 mm) •Polyp (distal transverse colon, 5 mm to 7 mm) •Polyp (sigmoid colon, 5 mm to 7 mm) •Diverticulum (the left side of the colon)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	51	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	44	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea	•Fentanyl150 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
M	53	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
M	67	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed7 mg	•Additional Finding			•There were no apparent limitations or complications	
M	61	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Family history of colon cancer (High Risk)	•Fentanyl100 mcg •Benadryl25 mg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	70	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk) •Diarrhea	•Fentanyl150 mcg •Versed6 mg	•Additional Finding			•There were no apparent limitations or complications	
F	67	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Personal history of colon polyps	•Fentanyl150 mcg •Versed9 mg	•Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	56	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Other specified diseases of anus and rectum •Benign neoplasm of descending colon		•Scar (rectum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
M	51	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Ulcerative colitis, unspecified •Neoplasm of appendix	•Fentanyl100 mcg •Versed2 mg	•Additional Finding			•There were no apparent limitations or complications	
	65	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed6 mg	•Additional Finding			•There were no apparent limitations or complications	
F	72	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Benign neoplasm of ascending colon •Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
M	30	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Anemia, etiology unknown		•Additional Finding			•There were no apparent limitations or complications	
F	45	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology	•Fentanyl150 mcg •Benadryl25 mg •Versed5 mg	•Polyp (descending colon, 25 mm) •Abnormal mucosa (whole colon and predominantly R colon)		•The polyp was completely removed.	•Excessive bleeding	
M	44	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Screen for colon cancer	•Fentanyl50 mcg •Versed1 mg	•Additional Finding			•There were no apparent limitations or complications	
F	63	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
	29	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Ulcerative pan colitis	•Fentanyl100 mcg •Benadryl50 mg •Versed6 mg	•Additional Finding			•There were no apparent limitations or complications	
F	56	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Personal history of colon polyps	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa (sigmoid, descending colon and sigmoid and descending colon)			•There were no apparent limitations or complications	
F	75	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	50	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Positive FIT (fecal immunochemical test)	•Fentanyl100 mcg •Benadryl25 mg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
M	78	Colonoscopy		•Inamdar Sumant			IV general anesthesia	•Polyp of colon		•Polyp (descending colon, 5 mm to 8 mm)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	77	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Polyp (ascending colon, 4 mm) •Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 5 mm to 8 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	77	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Crohn's disease, colon	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole colon including the Terminal ileum) •Polyp (distal descending colon, 3 mm) •Polyp (distal descending colon, 3 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	75	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Positive FIT (fecal immunochemical test)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Diverticulum (whole colon) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	51	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Hematochezia	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (Rest whole colon) •Hemorrhoids •Polyp (sigmoid colon, 6 mm) •Polyp (transverse colon, 7 mm) •Polyp (transverse colon, 7 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	40	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Abdominal pain	•Fentanyl150 mcg •Benadryl50 mg •Versed8 mg	•Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (descending colon, 6 mm to 7 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	37	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Crohn's disease of the colon	•Fentanyl200 mcg •Benadryl100 mg •Versed10 mg	•Additional Finding			•There were no apparent limitations or complications	
F	23	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Inflammatory bowel disease	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon and descending colon) •Abnormal mucosa (sigmoid colon)			•There were no apparent limitations or complications	
	69	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Personal history of colon polyps	•Fentanyl150 mcg •Benadryl25 mg •Versed5 mg	•Polyp (descending colon, 5 mm) •Diverticulum (the left side of the colon) •Polyp (cecum, 5 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	40	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Carcinoma, colon sigmoid	•Fentanyl100 mcg •Versed5 mg	•Mass (sigmoid colon, 5 cm)			•There were no apparent limitations or complications	
F	44	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk) •Iron deficiency anemia		•Additional Finding			•There were no apparent limitations or complications	
F	67	Colonoscopy		•Tellezavila Felix			MAC	•weight loss		•Normal mucosa (whole colon)				
F	76	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyp of colon		•Diverticulum (whole colon) •Polyp (cecum, 10 mm to 30 mm)			•There were no apparent limitations or complications	
F	69	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology	•Fentanyl50 mcg •Benadryl50 mg •Versed2 mg	•Hemorrhoids •Additional Finding •Diverticulum (the left side of the colon) •Additional Finding			•There were no apparent limitations or complications	
F	47	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Benadryl25 mg •Versed5 mg	•Diverticulum (the left side of the colon)			•There were no apparent limitations or complications	
M	49	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Benadryl25 mg •Versed8 mg	•Polyp (distal sigmoid colon and descending colon, 5 mm) •Polyp (sigmoid colon, 2 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	74	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	57	Colonoscopy		•Inamdar Sumant			IV general anesthesia	•Scarred polyp in the ascending colon, attempted resection with perforation and closure in the past		•Polyp (ascending colon, 3 cm to 4 cm)			•There were no apparent limitations or complications	
F	57	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed7 mg	•Diverticulum (the left side of the colon) •Polyp (sigmoid colon, 3 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	70	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Anemia, etiology unknown	•Fentanyl50 mcg	•Diverticulum (the left side of the colon) •Additional Finding •Polyp (2 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	70	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Diverticulum (sigmoid colon) •Polyp (transverse colon, 6 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	

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F	52	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Ulcerative pancolitis	•Fentanyl150 mcg •Benadryl50 mg •Versed10 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	54	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl125 mcg •Benadryl25 mg •Versed9 mg	•Polyp (descending colon and sigmoid colon, 3 mm to 4 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
	56	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Benadryl25 mg •Versed9 mg	•Polyp (sigmoid colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	65	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Hematochezia		•Angioectasia (ascending colon)			•There were no apparent limitations or complications	
M	30	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Admitted with hematemesis and malena	•Fentanyl50 mcg •Versed2 mg	•Additional Finding			•There were no apparent limitations or complications	
F	52	Colonoscopy		•Tellezavila Felix			Moderate sedation	•colonic polyps		•Polyp (cecum, 15 mm) •Polyp (ascending colon, 25 mm)			•There were no apparent limitations or complications	
M	38	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Macrocytic anemia, Nausea, vomiting and diarrhea. Mother with h/o celiac disease		•Polyp (distal transverse colon, 3 mm to 4 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	80	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology		•Polyp (distal ascending colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	81	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyps in the colon		•Polyp (cecum, 15 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	66	Colonoscopy		•Tellezavila Felix			Moderate sedation	•colonic polyps		•Polyp (ascending colon, 10 mm to 25 mm) •Polyp (descending colon, 25 mm) •Diverticulum (whole colon) •Polyp (sigmoid colon, 15 mm to 17 mm)			•There were no apparent limitations or complications	
F	73	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Hematochezia, acute blood loss anemia	•Fentanyl125 mcg •Versed8 mg	•Diverticulum (whole colon) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
	57	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole colon) •Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	74	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (ascending colon, 15 mm to 20 mm) •Diverticulum (whole colon) •Polyp (ascending colon, 5 mm to 10 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	

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M	69	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed4 mg	•Previous Surgery (sigmoid colon) •Polyp (sigmoid colon, 2 mm to 3 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	47	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Anemia of unknown etiology		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 6 mm to 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	74	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed4 mg	•Polyp (transverse colon, 3 mm to 8 mm) •Hemorrhoids •Diverticulum (whole colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	64	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Personal history of colon polyps	•Fentanyl25 mcg •Versed1 mg	•Previous Surgery •Diverticulum (whole colon) •Polyp (rectum, 2 mm to 3 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	70	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon •Personal history of colon polyps		•Scar (sigmoid colon) •Polyp (ascending colon, 5 mm to 8 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	56	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	68	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Blood in the stoma bag	•Fentanyl50 mcg •Versed2 mg	•Polyp (transverse colon, 2 mm to 7 mm) •Normal mucosa (the rest of whole colon)			•There were no apparent limitations or complications	
F	58	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	76	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
F	49	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Family history of colon cancer (High Risk)		•Additional Finding			•There were no apparent limitations or complications	
	85	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging		•Additional Finding			•There were no apparent limitations or complications	
	83	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Hematochezia		•Diverticulum (whole colon)			•There were no apparent limitations or complications	

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M	22	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Benadryl25 mg •Versed8 mg	•Polyp (rectum) •Hemorrhoids		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	59	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea •Colon cancer screening (low/average risk)		•Normal mucosa (whole colon and terminal ileum) •Additional Finding •Diverticulum (the left side of the colon)			•There were no apparent limitations or complications	
F	41	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Diarrhea •Ulcerative colitis, unspecified		•Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Stent			•There were no apparent limitations or complications	
M	69	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed2 mg	•Hemorrhoids •Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	62	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Personal history of colon polyps		•Additional Finding			•There were no apparent limitations or complications	
F	71	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Family history of colon cancer (High Risk)		•Additional Finding			•There were no apparent limitations or complications	
F	47	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Polyp (transverse colon, 2 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
	65	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	73	Colonoscopy		•Tellezavila Felix			Moderate sedation	•big polyp		•Hemorrhoids •Polyp (ascending colon, 8 mm to 12 mm) •Polyp (descending colon, 8 mm) •Polyp (sigmoid colon, 8 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
	25	Colonoscopy		•Tellezavila Felix			MAC	•Crohns, ? fistula		•Normal mucosa (rest of the whole colon) •Stricture (ileocecal valve) •Abnormal mucosa (distal sigmoid colon)			•There were no apparent limitations or complications	
F	47	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed7 mg	•Polyp (transverse colon, 3 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	

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F	62	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Abnormal mucosa (descending colon, sigmoid colon, rectum and transverse colon)			•There were no apparent limitations or complications	
M	70	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (descending colon, 2 cm) •Polyp (ascending colon, 5 mm to 9 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	62	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Versed5 mg	•Additional Finding •Diverticulum (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
M	48	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
M	90	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed4 mg	•Hemorrhoids •Diverticulum (the left side of the colon)			•There were no apparent limitations or complications	
	46	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Ulcerative pancolitis		•Additional Finding			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed6 mg	•Polyp (sigmoid colon, 2 mm to 10 mm) •Hemorrhoids			•There were no apparent limitations or complications	
M	58	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Ulcerative colitis, unspecified •Rectal bleeding		•Additional Finding			•There were no apparent limitations or complications	
F	51	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	62	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (sigmoid colon) •Polyp			•There were no apparent limitations or complications	
M	57	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Chronic diarrhea	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (sigmoid colon and descending colon)				
	48	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Family history of colon cancer (High Risk)		•Polyp (transverse colon, 4 mm) •Polyp (sigmoid colon, 3 mm to 4 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	63	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Big polyps		•Polyp (ascending colon, 10 mm to 30 mm)			•There were no apparent limitations or complications	

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F	67	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Family history of colon cancer (High Risk)	•Fentanyl100 mcg •Versed5 mg	•Diverticulum (whole colon) •Polyp (sigmoid colon, 15 mm) •Hemorrhoids •Polyp (hepatic flexure, 4 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	56	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Fentanyl50 mcg •Versed2 mg	•Additional Finding			•There were no apparent limitations or complications	
M	81	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
M	67	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
M	70	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Constipation		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Abnormal mucosa (splenic flexure) •Dilation (cecum, ascending colon, transverse colon, descending colon and sigmoid colon)			•There were no apparent limitations or complications	
F	63	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)		•Hemorrhoids •Polyp (proximal ascending colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	35	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Rectal bleeding		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum) •Hemorrhoids			•There were no apparent limitations or complications	
M	61	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	69	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyp of colon		•Polyp (descending colon, 6 mm) •Polyp (descending colon, 2 mm) •Polyp (ascending colon, 3 mm) •Polyp (ascending colon, 7 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	68	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Crohn's disease of the colon	•Fentanyl150 mcg •Versed2 mg	•Additional Finding			•There were no apparent limitations or complications	
M	72	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon		•Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	51	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia	•Fentanyl150 mcg •Benadryl25 mg •Versed7 mg	•Additional Finding			•There were no apparent limitations or complications	
F	71	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Screening for colorectal cancer		•Additional Finding			•There were no apparent limitations or complications	
F	55	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	60	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon	•Cefazolin3 gm	•Polyp			•There were no apparent limitations or complications	
F	36	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea		•Additional Finding			•There were no apparent limitations or complications	
M	58	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Versed9 mg	•Polyp (sigmoid colon, 3 mm) •Hemorrhoids		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	66	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Melena		•Additional Finding			•There were no apparent limitations or complications	
F	82	Colonoscopy		•Tellezavila Felix			Moderate sedation	•weight loss	•Versed2 mg	•Normal mucosa (descending colon, sigmoid colon and rectum) •Diverticulum (the left side of the colon) •Hemorrhoids •Previous Surgery			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Tellezavila Felix			Moderate sedation	•IBD	•Fentanyl100 mcg •Versed6 mg	•Normal mucosa (cecum, ascending colon, transverse colon and descending colon) •Abnormal mucosa (rectum and sigmoid colon) •Abnormal mucosa (anus and anal canal)			•There were no apparent limitations or complications	
F	53	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Family history of colon cancer (High Risk)	•Fentanyl100 mcg •Versed6 mg	•Normal mucosa (whole colon) •Polyp (sigmoid colon, 10 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl125 mcg •Benadryl25 mg •Versed8 mg	•Normal mucosa (rest of the whole colon) •Hemorrhoids •Diverticulum (the left side of the colon) •Abnormal mucosa (terminal ileum)			•There were no apparent limitations or complications	
M	79	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Chronic diarrhea	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	65	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Rectal polyp		•Normal mucosa (whole colon) •Stool (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed5 mg	•Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
	70	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Prob IBD	•Fentanyl50 mcg •Versed2 mg	•Polyp (cecum, 3 mm) •Hemorrhoids •Normal mucosa (whole colon)		•The polyp was completely removed and retrieved.		
F	47	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	74	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp			•There were no apparent limitations or complications	
M	61	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (descending colon, 5 mm) •Scar (ascending colon) •Normal mucosa (terminal ileum)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
	63	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Benadryl25 mg •Versed7 mg	•Polyp (descending colon, 3 mm to 4 mm) •Diverticulum (the left side of the colon) •Hemorrhoids		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	49	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Benadryl25 mg •Versed5 mg	•Polyp (rectum, 3 mm) •Hemorrhoids			•There were no apparent limitations or complications	
F	64	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon •Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	57	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Personal history of colon polyps		•Additional Finding			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	68	Colonoscopy		•Tellezavila Felix			Moderate sedation	•big polyp		•Polyp (sigmoid colon, 15 mm) •Polyp (transverse colon, 8 mm) •Polyp (cecum, 2 mm to 3 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	54	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
M	52	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding				
	70	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	78	Colonoscopy		•Tellezavila Felix			Moderate sedation	•flat polyps in the colon		•Polyp (ascending colon, 20 mm) •Diverticulum (the left side of the colon) •Polyp (cecum, 30 mm)			•There were no apparent limitations or complications	
M	45	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia		•Additional Finding			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Crohn's disease of the small bowel	•Fentanyl50 mcg •Versed2 mg	•Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	76	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
	73	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Family history of colon cancer (High Risk)		•Additional Finding			•There were no apparent limitations or complications	
F	55	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Blood per rectum •Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
	55	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Benign neoplasm of transverse colon •Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
M	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR	•Fentanyl125 mcg •Benadryl25 mg •Versed9 mg	•Abnormal mucosa (rectum) •Hemorrhoids •Diverticulum (whole colon)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	69	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyp of colon	•Fentanyl75 mcg •Versed6 mg	•Normal mucosa (rest of the whole colon) •Polyp (transverse colon, 3 mm) •Polyp (ascending colon, 3 mm) •Polyp (sigmoid colon, 5 mm) •Hemorrhoids		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	56	Colonoscopy		•Anastasiou Ioannis			Moderate sedation							
M	49	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea	•Fentanyl200 mcg •Benadryl50 mg •Versed10 mg	•Additional Finding			•There were no apparent limitations or complications	
F	73	Colonoscopy		•Tellezavila Felix			Moderate sedation	•big polyp		•Hemorrhoids •Polyp (splenic flexure, 13 mm to 10 mm) •Polyp (ascending colon, 6 mm) •Diverticulum (the left side of the colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	81	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia	•Fentanyl50 mcg •Versed6 mg	•Additional Finding			•There were no apparent limitations or complications	
M	30	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Crohn's disease	•Fentanyl100 mcg •Benadryl25 mg •Versed10 mg	•Normal mucosa (whole colon) •Abnormal mucosa (rectum)			•There were no apparent limitations or complications	
F	79	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
F	64	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Screen for colon cancer		•Additional Finding			•There were no apparent limitations or complications	
F	72	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Encounter for screening for colorectal cancer in high risk patient		•Additional Finding			•There were no apparent limitations or complications	
M	50	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Benadryl25 mg •Versed3 mg	•Polyp (ascending colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	47	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Benadryl25 mg •Versed9 mg	•Polyp (cecum, 2 mm to 3 mm) •Polyp (transverse colon, 3 mm) •Hemorrhoids		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	78	Colonoscopy		•Tellezavila Felix			Moderate sedation	•weight loss	•Fentanyl50 mcg •Versed7 mg	•Hemorrhoids •Polyp (ascending colon, 2 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	27	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Crohn disease		•Additional Finding			•There were no apparent limitations or complications	
F	69	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
M	56	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology •Anemia of unknown etiology		•Additional Finding			•There were no apparent limitations or complications	
M	65	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Other diseases of stomach and duodenum	•Fentanyl25 mcg •Versed3 mg	•Hemorrhoids •Polyp (descending colon, 2 mm)		•The polyp was completely removed and retrieved.		
	54	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Benign neoplasm of cecum	•Fentanyl100 mcg •Versed7 mg	•Polyp (ascending colon, 3 mm to 3 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	82	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia		•Additional Finding			•There were no apparent limitations or complications	
	63	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Crohn's disease		•Additional Finding			•There were no apparent limitations or complications	
M	61	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Personal history of colon polyps		•Additional Finding			•There were no apparent limitations or complications	
M	67	Colonoscopy		•Inamdar Sumant			Moderate sedation	•ALL, Stem cell Tx, Diarrhea	•Fentanyl50 mcg •Versed2 mg	•Abnormal mucosa (ascending colon, transverse colon and descending colon) •Abnormal mucosa (terminal ileum)			•There were no apparent limitations or complications	
F	73	Colonoscopy		•Tellezavila Felix			MAC	•Polyp of colon		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	64	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Surveillance colonoscopy	•Fentanyl50 mcg •Versed7 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	68	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Anemia of unknown etiology		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	77	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Benign neoplasm of ascending colon	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (Rest of the whole colon) •Polyp (transverse colon, 4 mm) •Polyp (cecum, 4 mm) •Hemorrhoids		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	73	Colonoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR	•Fentanyl100 mcg •Versed7 mg	•Diverticulum (the left side of the colon) •Abnormal mucosa (rectum)			•There were no apparent limitations or complications	
M	45	Colonoscopy		•Tellezavila Felix			MAC	•Big polyps		•Polyp (sigmoid colon, 15 mm) •Diverticulum (whole colon) •Polyp (ascending colon, 10 mm)			•There were no apparent limitations or complications	
M	76	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Family history of colon cancer (High Risk)		•Diverticulum (whole colon) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (descending colon, 5 mm to 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	58	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Family history of colon cancer (High Risk)		•Additional Finding			•There were no apparent limitations or complications	
F	71	Colonoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR	•Fentanyl75 mcg •Versed3 mg	•Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	53	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Anemia of unknown etiology		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
M	65	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Rectal polyp		•Scar (rectum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon and sigmoid colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	63	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)		•Hemorrhoids •Polyp (sigmoid colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	52	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Benadryl25 mg •Versed7 mg	•Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	53	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
M	69	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	72	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Diarrhea •Abdominal pain	•Fentanyl150 mcg •Benadryl50 mg •Versed7 mg	•Polyp (ascending colon, 5 mm to 8 mm) •Normal mucosa (terminal ileum) •Abnormal mucosa (ascending colon, transverse colon and descending colon) •Polyp (sigmoid colon, 9 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	61	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
F	79	Colonoscopy		•Inamdar Sumant			IV general anesthesia	•Hematochezia		•Ulcer (transverse colon) •Ulcer (transverse colon) •Blood (rectum, sigmoid colon, descending colon and transverse colon)			•There were no apparent limitations or complications	
F	73	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Hematochezia	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Hemorrhoids •Diverticulum (whole colon) •Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	74	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
F	45	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Crohn's disease, colon		•Additional Finding			•There were no apparent limitations or complications	
M	63	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Weight loss •Carcinoma of unknown primary •Abnormal finding on imaging		•Additional Finding			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Positive FIT (fecal immunochemical test) •Family history of colon cancer		•Additional Finding			•There were no apparent limitations or complications	
F	52	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed9 mg	•Hemorrhoids •Polyp (sigmoid colon, 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	68	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed3 mg	•Hemorrhoids •Polyp (sigmoid colon, 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	43	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Personal history of colon cancer	•Fentanyl50 mcg •Versed2 mg	•Previous Surgery •Normal mucosa (transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	74	Colonoscopy		•Tellezavila Felix			Moderate sedation	•surveillance colonoscopy	•Fentanyl50 mcg •Versed5 mg	•Hemorrhoids •Diverticulum (whole colon) •Polyp (descending colon, 6 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	65	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Hematochezia		•Stool (rectum, sigmoid colon and descending colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	67	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
F	71	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea •Diarrhea	•Fentanyl100 mcg •Benadryl50 mg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
	61	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 8 mm to 9 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	57	Colonoscopy		•Tellezavila Felix			Moderate sedation	•abdominal pain	•Fentanyl75 mcg •Versed8 mg	•Abnormal mucosa (rectum) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	67	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed9 mg	•Polyp (cecum, 2 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	71	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Suspected sigmoid mass	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (transverse colon, descending colon and ascending colon) •Abnormal mucosa (cecum and hepatic flexure) •Polyp (descending colon, 5 mm to 8 mm) •Diverticulum (the left side of the colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl25 mg •Versed7 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	47	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk) •Abdominal pain		•Normal mucosa (terminal ileum) •Polyp (sigmoid colon, 6 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	45	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Cancer with unknown primary site		•Additional Finding			•There were no apparent limitations or complications	

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F	62	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Abnormal mucosa (rectum) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	59	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	55	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
F	78	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Weight loss		•Hemorrhoids •Diverticulum (sigmoid colon) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	64	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	66	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	47	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	49	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)		•Polyp (rectum, 2 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	51	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea	•Fentanyl100 mcg •Benadryl50 mg •Versed9 mg	•Additional Finding			•There were no apparent limitations or complications	
F	37	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea		•Additional Finding			•There were no apparent limitations or complications	
	26	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Ulcerative pancolitis		•Additional Finding			•There were no apparent limitations or complications	
F	63	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Versed5 mg	•Polyp (ascending colon, 6 mm) •Hemorrhoids •Diverticulum (whole colon) •Polyp (transverse colon, 3 mm) •Polyp (ascending colon, 2 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	78	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (rectum, 15 mm to 20 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
M	72	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed5 mg	•Hemorrhoids •Polyp (transverse colon, 6 mm) •Diverticulum (the left side of the colon) •Abnormal mucosa (rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl25 mg •Versed9 mg	•Normal mucosa (rest of the whole colon) •Polyp (transverse colon, 6 mm) •Hemorrhoids		•The polyp was completely removed.	•There were no apparent limitations or complications	
	35	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea •Abnormal findings on imaging test	•Fentanyl50 mcg •Benadryl50 mg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	39	Colonoscopy		•Tellezavila Felix			MAC	•Chronic diarrhea		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	64	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Fentanyl50 mcg	•Additional Finding			•There were no apparent limitations or complications	
F	74	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed5 mg	•Polyp (transverse colon, 3 mm) •Polyp (sigmoid colon, 3 mm to 7 mm) •Polyp (descending colon, 6 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
	52	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Screening for colon cancer		•Additional Finding			•There were no apparent limitations or complications	
M	48	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)		•Polyp (ascending colon, 8 mm to 9 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	75	Colonoscopy		•Tellezavila Felix			Moderate sedation	•screening colonoscopy	•Fentanyl50 mcg •Versed6 mg	•Polyp (sigmoid colon, 2 mm) •Polyp (sigmoid colon, 7 mm) •Hemorrhoids		•The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	72	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
F	47	Colonoscopy		•Tellezavila Felix			Moderate sedation	•screening colonoscopy	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole colon)			•Patient has transitory decrease SO2 with all VS stable.	
F	81	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Hematochezia	•Fentanyl50 mcg •Versed5 mg	•Diverticulum (whole colon) •Hemorrhoids •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum)			•There were no apparent limitations or complications	
F	82	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed6 mg	•Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	
M	61	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Personal history of colon polyps •Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
M	73	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Hematochezia	•Fentanyl100 mcg •Versed5 mg	•Diverticulum (whole colon) •Normal mucosa (terminal ileum) •Polyp (descending colon, 1 cm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	52	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology •Abdominal pain		•Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
	71	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Positive FIT (fecal immunochemical test)		•Additional Finding			•There were no apparent limitations or complications	
M	57	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea	•Fentanyl150 mcg •Benadryl50 mg •Versed8 mg	•Polyp (rectum, 30 mm) •Additional Finding •Abnormal mucosa (Sigmoid colon 45 cm from the anal verge and distally to the rectum)			•There were no apparent limitations or complications	
F	51	Colonoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR		•Hemorrhoids •Normal mucosa (rest of the whole colon) •Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	
F	72	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Ulcerative colitis, unspecified, without complications		•Additional Finding			•There were no apparent limitations or complications	
	49	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•GI Bleed		•Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	25	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Abdominal pain		•Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	67	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Anemia, iron deficiency from chronic blood loss		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
M	38	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	75	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon •Personal history of colon polyps		•Additional Finding			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Anastasiou Ioannis			Moderate sedation							
F	52	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (transverse colon and sigmoid colon, 6 mm to 8 mm) •Polyp (sigmoid colon, 2 cm) •Polyp		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	59	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Other diseases of stomach and duodenum	•Fentanyl50 mcg •Versed1 mg				•intolerance	
	56	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed5 mg	•Diverticulum (sigmoid colon) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed7 mg	•Polyp (sigmoid colon, 5 mm) •Abnormal mucosa		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	71	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Personal History of colon cancer	•Fentanyl50 mcg •Versed5 mg	•Polyp (transverse colon, 6 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	78	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage •Anemia	•Fentanyl50 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
M	47	Colonoscopy		•Tellezavila Felix			IV general anesthesia	•BRBPR		•Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	67	Colonoscopy		•Tellezavila Felix			Moderate sedation	•screening colonoscopy		•Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	55	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Benadryl25 mg •Versed2 mg	•Abnormal mucosa (terminal ileum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	69	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed3 mg	•Diverticulum (the left side of the colon) •Polyp (ascending colon, 15 mm) •Polyp (transverse colon, 3 mm) •Polyp (ascending colon, 5 mm to 8 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed.		
F	75	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (transverse colon, 2 cm) •Polyp			•There were no apparent limitations or complications	
M	67	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Scar (transverse colon) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
M	69	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Personal history of colon polyps		•Additional Finding			•There were no apparent limitations or complications	
	76	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (ascending colon, 8 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	55	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (transverse colon, 8 mm to 1 cm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	67	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Benadryl25 mg •Versed6 mg	•Diverticulum (whole colon) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	72	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyp of colon	•Fentanyl75 mcg •Versed7 mg	•Polyp (ascending colon, 3 mm) •Polyp (descending colon, 2 mm) •Polyp (descending colon, 2 mm to 5 mm) •Hemorrhoids •Diverticulum (the left side of the colon)		•The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	49	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Hemorrhoids •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	75	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (ascending colon, 8 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Diverticulum (the left side of the colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	81	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Benign neoplasm of cecum	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa (whole colon) •Diverticulum (whole colon) •Polyp (ascending colon, 5 mm) •Hemorrhoids •Polyp (descending colon, 5 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
	42	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Pouchitis •Rectal cuffitis	•Fentanyl125 mcg •Versed5 mg	•Abnormal mucosa (ileoanal pouch)			•There were no apparent limitations or complications	
F	84	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon	•Cefazolin2 gm	•Polyp			•There were no apparent limitations or complications	
M	59	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Screening for colon cancer		•Additional Finding			•There were no apparent limitations or complications	
F	56	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Family history of colon cancer (High Risk)		•Additional Finding			•There were no apparent limitations or complications	
M	68	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Diarrhea		•Normal mucosa (terminal ileum) •Abnormal mucosa (entire colon)			•There were no apparent limitations or complications	
F	57	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
M	68	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
F	38	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Encounter for screening for colorectal cancer in high risk patient		•Additional Finding			•There were no apparent limitations or complications	
F	55	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea •Family history of colorectal cancer		•Additional Finding			•There were no apparent limitations or complications	
M	67	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	78	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Diverticulum (sigmoid colon) •Polyp (descending colon, 5 mm to 8 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	64	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
M	51	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Ulcerative colitis, unspecified		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Abnormal mucosa (rectum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	54	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Positive Cologuard test		•Polyp (ascending colon, 1 cm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	56	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (cecum and ascending colon, 5 mm to 6 mm) •Normal mucosa (transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	48	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	69	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Carcinoid tumor		•Additional Finding			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
	43	Colonoscopy		•Anastasiou Ioannis			MAC	•Crohn's disease of large intestine without complications •Chronic anal fissure		•Additional Finding			•There were no apparent limitations or complications	
M	61	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	71	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed10 mg	•Hemorrhoids •Diverticulum (the left side of the colon) •Polyp (ascending colon, 2 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	65	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Benadryl25 mg •Versed7 mg	•Polyp (ascending colon, 5 mm) •Polyp (sigmoid colon, 5 mm) •Polyp (rectum, 2 mm) •Diverticulum (whole colon) •Hemorrhoids		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	47	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Benadryl25 mg •Versed4 mg	•Polyp (sigmoid colon, 6 mm) •Abnormal mucosa (rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	51	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Versed10 mg	•Normal mucosa (whole colon) •Polyp (sigmoid colon, 2 mm) •Hemorrhoids •Polyp (sigmoid colon, 6 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	49	Colonoscopy		•Tellezavila Felix			Moderate sedation	•abdominal pain		•Polyp (descending colon, 2 mm) •Diverticulum (whole colon) •Polyp (sigmoid colon, 3 mm) •Hemorrhoids		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	66	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (ascending colon, 5 mm to 8 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Scar (cecum) •Diverticulum (the left side of the colon) •Normal mucosa (terminal ileum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	30	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl100 mcg •Benadryl50 mg •Versed8 mg	•Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	53	Colonoscopy		•Anastasiou Ioannis			MAC	•Family history of colon cancer (High Risk)		•Additional Finding			•There were no apparent limitations or complications	
M	68	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed3 mg	•Polyp (sigmoid colon, 2 mm) •Diverticulum (sigmoid colon) •Normal mucosa (rest of the whole colon) •Polyp (descending colon, 2 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	53	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Benadryl25 mg •Versed7 mg	•Hemorrhoids •Polyp (transverse colon, 2 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	71	Colonoscopy		•Anastasiou Ioannis			MAC	•Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	56	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Diarrhea •Crohn's disease		•Stricture (anastomosis) •Previous Surgery (sigmoid colon) •Abnormal mucosa (rectum and sigmoid colon)			•There were no apparent limitations or complications	
F	78	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyp of colon	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa (rectum) •Polyp (sigmoid colon, 6 mm to 6 mm) •Hemorrhoids •Diverticulum (sigmoid colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	51	Colonoscopy		•Anastasiou Ioannis			IV general anesthesia	•Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
F	28	Colonoscopy		•Anastasiou Ioannis			IV general anesthesia	•Abdominal pain •Diarrhea		•Additional Finding			•There were no apparent limitations or complications	
M	59	Colonoscopy		•Anastasiou Ioannis			IV general anesthesia	•Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
M	50	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	46	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
	46	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Screening for colon cancer		•Additional Finding			•There were no apparent limitations or complications	
F	62	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Benadryl25 mg •Versed9 mg	•Abnormal mucosa (transverse colon and sigmoid colon)			•There were no apparent limitations or complications	
M	60	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	57	Colonoscopy		•Inamdar Sumant			IV general anesthesia	•Scarred polyp in the ascending colon, attempted resection with perforation and closure in the past		•Polyp			•There were no apparent limitations or complications	
M	67	Colonoscopy		•Tellezavila Felix			Moderate sedation	•CT of abdomen abnormal	•Fentanyl100 mcg •Versed5 mg	•Additional Finding •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
	65	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (ascending colon, 6 mm to 8 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 4 mm) •Normal mucosa (terminal ileum)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	53	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Crohn's Disease		•Additional Finding			•There were no apparent limitations or complications	
F	53	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Crohn's Disease	•Fentanyl50 mcg •Benadryl25 mg •Versed4 mg				•There were no apparent limitations or complications	
F	47	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 5 mm to 6 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	58	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Colon cancer screening (low/average risk)		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	66	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Crohn's disease small bowel and colon	•Fentanyl75 mcg •Versed7 mg	•Abnormal mucosa (transverse colon) •Previous Surgery (transverse colon) •Normal mucosa (rest of the whole colon)			•There were no apparent limitations or complications	
M	51	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
M	74	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Screen for colon cancer		•Additional Finding			•There were no apparent limitations or complications	
M	84	Colonoscopy		•Tellezavila Felix			MAC	•Gastrointestinal hemorrhage, unspecified		•Hemorrhoids •Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	44	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Change in bowel habits		•Additional Finding			•There were no apparent limitations or complications	
M	42	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Family history of colon cancer (High Risk)		•Additional Finding			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Tellezavila Felix			Moderate sedation							
M	59	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	68	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Chronic diarrhea	•Fentanyl50 mcg •Versed3 mg	•Polyp (sigmoid colon, 5 mm to 8 mm)				
F	59	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Crohn's disease •Dvrtclos of lg int w/o perforation or abscess w/o bleeding		•Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	72	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl150 mcg •Versed10 mg	•Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	42	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (ascending colon, 9 mm) •Polyp (sigmoid colon, 5 mm to 6 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	76	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Chronic Constipation	•Fentanyl50 mcg •Versed3 mg	•Diverticulum (sigmoid colon) •Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	79	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
F	75	Colonoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
M	58	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (sigmoid colon, 9 mm) •Polyp (ascending colon, 5 mm to 8 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	67	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Positive FIT (fecal immunochemical test)		•Additional Finding			•There were no apparent limitations or complications	
F	55	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Recurrent polyp in colon		•Hemorrhoids •Diverticulum (whole colon) •Polyp (sigmoid colon, 8 mm) •Polyp (transverse colon, 7 mm) •Polyp (sigmoid colon, 5 mm to 7 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	64	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
F	68	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyp, adenomatous		•Hemorrhoids •Diverticulum (the left side of the colon) •Polyp (rectum, 2 mm to 3 mm) •Normal mucosa (Rest of the whole colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	65	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon polyps		•Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	61	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
M	63	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	39	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Rectal bleeding		•Additional Finding			•There were no apparent limitations or complications	
M	66	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Adenocarcinoma of unknown primary		•Additional Finding			•There were no apparent limitations or complications	
F	74	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed8 mg	•Hemorrhoids •Polyp (rectum, 2 mm) •Diverticulum (the left side of the colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	75	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Hematochezia	•Fentanyl50 mcg •Benadryl50 mg •Versed1 mg	•Diverticulum (the left side of the colon) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	61	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl125 mcg •Versed8 mg	•Normal mucosa (Resto of whole colon) •Polyp (rectum, 2 mm) •Polyp (sigmoid colon, 2 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	42	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl100 mcg •Benadryl50 mg •Versed7 mg	•Additional Finding			•There were no apparent limitations or complications	
F	59	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyp of colon	•Fentanyl50 mcg •Versed7 mg	•Hemorrhoids •Diverticulum (the left side of the colon) •Polyp (sigmoid colon, 5 mm) •Polyp (transverse colon, 2 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	63	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl75 mcg •Versed6 mg	•Stool (whole colon)				
M	76	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed5 mg	•Hemorrhoids •Polyp (transverse colon, 3 mm) •Normal mucosa (Rest of the whole colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	

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M	64	Colonoscopy		•Tellezavila Felix			MAC	•polyp colon		•Polyp (sigmoid colon, 20 mm) •Diverticulum (the left side of the colon) •Polyp (cecum, 2 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	67	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon polyp		•Polyp (sigmoid colon, 7 mm) •Normal mucosa (whole colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	74	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Diarrhea	•Fentanyl150 mcg •Versed7 mg	•Abnormal mucosa			•There were no apparent limitations or complications	
M	39	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Hematochezia	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	66	Colonoscopy		•Tellezavila Felix			MAC	•Polyp of colon		•Diverticulum (the left side of the colon) •Polyp (sigmoid colon, 8 mm) •Polyp (transverse colon, 10 mm to 11 mm) •Polyp (sigmoid colon, 10 mm) •Polyp (transverse colon, 6 mm to 7 mm) •Polyp (transverse colon, 11 mm to 12 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	65	Colonoscopy		•Tellezavila Felix			MAC	•colonic polyp		•Polyp (ascending colon, 20 mm)			•There were no apparent limitations or complications	
	66	Colonoscopy		•Inamdar Sumant			IV general anesthesia	•Hematochezia		•Polyp (ascending colon, 6 mm) •Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	49	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed5 mg	•Abnormal mucosa (rectum) •Normal mucosa (rest of the whole colon)			•There were no apparent limitations or complications	
F	36	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Constipation	•Fentanyl75 mcg •Versed6 mg	•Normal mucosa (rectum and distal sigmoid colon) •Hemorrhoids				
M	44	Colonoscopy		•Tellezavila Felix			Moderate sedation	•UC	•Fentanyl50 mcg •Benadryl25 mg •Versed5 mg	•Abnormal mucosa (distal sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	55	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Chronic diarrhea	•Fentanyl100 mcg •Benadryl25 mg •Versed9 mg	•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	57	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Anemia of unknown etiology		•Additional Finding •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	49	Colonoscopy		•Tellezavila Felix			Moderate sedation	•screening colonoscopy	•Fentanyl100 mcg •Benadryl50 mg •Versed10 mg	•Normal mucosa (rest of the whole colon) •Polyp (sigmoid colon, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	85	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology		•Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	
M	48	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (transverse colon, 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	74	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Hematochezia	•Fentanyl50 mcg •Versed3 mg	•Additional Finding			•There were no apparent limitations or complications	
F	64	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
	55	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology •Anemia of unknown etiology	•Fentanyl100 mcg •Versed5 mg	•Additional Finding •Polyp (2 mm) •Polyp (2 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	61	Colonoscopy		•Anastasiou Ioannis			MAC	•Family history of colon cancer (High Risk)		•Additional Finding			•There were no apparent limitations or complications	
M	81	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	46	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (transverse colon, 8 mm) •Polyp (rectum, 2 mm to 3 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	46	Colonoscopy		•Anastasiou Ioannis			MAC	•Family history of colon cancer (High Risk) •Bright red blood per rectum		•Additional Finding			•There were no apparent limitations or complications	
F	55	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Fentanyl50 mcg •Versed3 mg	•Additional Finding			•There were no apparent limitations or complications	
M	67	Colonoscopy		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging		•Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	50	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	60	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•FAP (familial adenomatous polyposis)		•Normal mucosa (rectum, anastomosis and terminal ileum)			•There were no apparent limitations or complications	
M	60	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyp of colon	•Fentanyl150 mcg •Benadryl50 mg •Versed10 mg	•Abnormal mucosa (cecum and ascending colon) •Hemorrhoids •Normal mucosa (rest of the whole colon)			•There were no apparent limitations or complications	
F	53	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Versed9 mg	•Polyp (descending colon, 5 mm to 6 mm) •Polyp (ascending colon, 8 mm) •Hemorrhoids •Polyp (rectum, 2 mm) •Polyp (transverse colon, 3 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	55	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage •Cirrhosis	•Fentanyl50 mcg •Versed3 mg	•Additional Finding			•There were no apparent limitations or complications	
	26	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Crohn's disease of the small bowel and colon	•Fentanyl100 mcg •Benadryl25 mg •Versed9 mg	•Hemorrhoids •Abnormal mucosa (ileocecal valve) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
	74	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Benign neoplasm of cecum	•Fentanyl100 mcg •Versed7 mg	•Polyp (descending colon, 5 mm to 7 mm) •Diverticulum (the left side of the colon) •Hemorrhoids •Polyp (ascending colon)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	36	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Chronic diarrhea	•Fentanyl125 mcg •Versed9 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	75	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Diarrhea	•Fentanyl50 mcg •Versed3 mg	•Additional Finding •Polyp (2 mm to 4 mm) •Polyp (2 mm to 4 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	73	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Polyp of colon		•Diverticulum (whole colon) •Hemorrhoids •Polyp (ascending colon, 8 mm)			•There were no apparent limitations or complications	
F	60	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	83	Colonoscopy		•Tellezavila Felix			MAC	•Polyp of colon		•Abnormal mucosa (cecum)			•There were no apparent limitations or complications	
M	47	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (descending colon, 6 mm to 8 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Diverticulum (whole colon) •Normal mucosa (terminal ileum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	64	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed7 mg	•Polyp (transverse colon, 2 mm) •Hemorrhoids		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	59	Colonoscopy		•Tellezavila Felix			Moderate sedation	•FUP colon polyps	•Fentanyl200 mcg •Benadryl50 mg •Versed10 mg	•Polyp (transverse colon, 7 mm) •Diverticulum (the left side of the colon) •Hemorrhoids		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	58	Colonoscopy		•Anastasiou Ioannis			MAC	•Polyp of colon •Anemia of unknown etiology		•Additional Finding			•There were no apparent limitations or complications	
F	70	Colonoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR	•Fentanyl50 mcg •Versed2 mg	•Polyp (cecum, 8 mm) •Diverticulum (the left side of the colon) •Hemorrhoids		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	58	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl150 mcg •Versed6 mg	•Abnormal mucosa (cecum and ascending colon)			•There were no apparent limitations or complications	
F	70	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Normal mucosa (terminal ileum) •Diverticulum (the left side of the colon) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 5 mm to 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	55	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Benadryl25 mg •Versed7 mg	•Abnormal mucosa (cecum and rectum) •Polyp (6 mm to 6 mm) •Normal mucosa (rest of the whole colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	46	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Benadryl50 mg •Versed8 mg	•Normal mucosa (rest of whole colon) •Abnormal mucosa (sigmoid colon)			•There were no apparent limitations or complications	
M	56	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Benadryl25 mg •Versed6 mg	•Polyp (sigmoid colon, 5 mm to 5 mm) •Polyp (sigmoid colon, 2 mm to 3 mm) •Diverticulum (sigmoid colon) •Hemorrhoids		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
	61	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology	•Fentanyl50 mcg •Versed4 mg	•Polyp (sigmoid colon, 3 mm to 4 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	50	Colonoscopy		•Anastasiou Ioannis			MAC	•First degree hemorrhoids •colonic polyps		•Additional Finding			•There were no apparent limitations or complications	
M	49	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology •Melena	•Fentanyl25 mcg •Versed1 mg	•Additional Finding			•There were no apparent limitations or complications	
M	62	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	20	Colonoscopy		•Anastasiou Ioannis			MAC	•Iron deficiency anemia		•Additional Finding			•There were no apparent limitations or complications	
M	66	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	76	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Personal history of colon cancer	•Fentanyl50 mcg •Versed7 mg	•Hemorrhoids •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	42	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Rectal bleeding	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	72	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Constipation		•Diverticulum (sigmoid colon) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum)			•There were no apparent limitations or complications	
F	86	Colonoscopy		•Anastasiou Ioannis			MAC	•Melena		•Additional Finding			•There were no apparent limitations or complications	
M	59	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	

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F	45	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Ulcerative proctitis	•Fentanyl100 mcg •Benadryl50 mg •Versed6 mg	•Additional Finding			•There were no apparent limitations or complications	
F	54	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Versed10 mg	•Hemorrhoids •Polyp (ascending colon, 6 mm) •Diverticulum (sigmoid colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	47	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed9 mg	•Hemorrhoids •Polyp (sigmoid colon, 6 mm) •Polyp (hepatic flexure, 3 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	46	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Family history of colon cancer (High Risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
M	65	Colonoscopy		•Tellezavila Felix			Moderate sedation	•big polyp		•Hemorrhoids •Polyp (descending colon, 15 mm) •Diverticulum (sigmoid colon) •Polyp (2 mm) •Polyp (descending colon, 2 mm) •Polyp (transverse colon, 2 mm) •Polyp (descending colon, 6 mm to 9 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
	50	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Family history of colon cancer (High Risk)	•Fentanyl100 mcg •Benadryl50 mg •Versed6 mg	•Additional Finding			•There were no apparent limitations or complications	
F	37	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•CD (Crohn's disease)	•Fentanyl25 mcg •Versed1 mg	•Additional Finding			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	68	Colonoscopy		•Tellezavila Felix			MAC	•Polyp of colon		•Polyp (ascending colon, 2 mm) •Polyp (ascending colon, 5 mm) •Diverticulum (the left side of the colon) •Polyp (sigmoid colon, 6 mm to 8 mm) •Polyp (cecum, 2 mm) •Hemorrhoids		•The polyp was completely removed and retrieved. •The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	62	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia	•Fentanyl50 mcg •Versed2 mg	•Additional Finding			•There were no apparent limitations or complications	
F	65	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Versed7 mg	•Hemorrhoids •Diverticulum (whole colon) •Polyp (sigmoid colon, 2 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
	76	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk) and diarrhea	•Fentanyl100 mcg •Versed9 mg	•Diverticulum (sigmoid colon) •Polyp (sigmoid colon, 2 mm) •Hemorrhoids		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	65	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Screening for malignant neoplasms of colon	•Fentanyl50 mcg •Versed6 mg	•Diverticulum (the left side of the colon) •Polyp (rectum, 3 mm to 3 mm)			•There were no apparent limitations or complications	
F	48	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Iron deficiency anemia		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
M	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Benadryl50 mg •Versed10 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
	58	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	32	Colonoscopy		•Tellezavila Felix			Moderate sedation	•foreign body (SEMS)		•foreign body (ileoanal pouch)			•There were no apparent limitations or complications	
F	66	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	51	Colonoscopy		•Anastasiou Ioannis			IV general anesthesia	•Colon cancer screening (low/average risk)		•Additional Finding •Diverticulum (whole colon)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	58	Colonoscopy		•Tellezavila Felix			MAC	•Abdominal pain		•Polyp (rectum, 2 mm to 2 mm) •Hemorrhoids •Polyp (ascending colon, 6 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	72	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	47	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	69	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Screening for colorectal cancer		•Additional Finding			•There were no apparent limitations or complications	
M	61	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding				
F	48	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Crohn disease		•Additional Finding			•There were no apparent limitations or complications	
M	60	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	59	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Constipation	•Fentanyl50 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
M	62	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging	•Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
M	42	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	73	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•BRBPR (bright red blood per rectum)	•Fentanyl100 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	37	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea •Abdominal pain		•Additional Finding			•There were no apparent limitations or complications	
F	73	Colonoscopy		•Tellezavila Felix			Moderate sedation	•big polyp		•Polyp (cecum, 15 mm) •Diverticulum (the left side of the colon) •Polyp (cecum, 7 mm) •Polyp (transverse colon, 5 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	47	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging		•Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	52	Colonoscopy		•Tellezavila Felix			MAC	•big polyp		•Diverticulum (sigmoid colon) •Hemorrhoids •Normal mucosa (whole colon) •Polyp (sigmoid colon, 15 mm)		•The polyp was completely removed.	•There were no apparent complications	
M	49	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Crohn disease		•Additional Finding			•There were no apparent limitations or complications	
F	58	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed4 mg	•Polyp (sigmoid colon, 7 mm) •Normal mucosa (Resto of the whole colon) •Hemorrhoids		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	80	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Benign neoplasm of transverse colon	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole colon) •Diverticulum (the left side of the colon)			•There were no apparent limitations or complications	
F	61	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Benadryl25 mg •Versed6 mg	•Normal mucosa (whole colon) •Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	
M	56	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl25 mg •Versed5 mg	•Polyp (sigmoid colon, 6 mm) •Polyp (sigmoid colon, 2 mm) •Diverticulum (sigmoid colon)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	60	Colonoscopy		•Anastasiou Ioannis			MAC	•Diarrhea •Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	65	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Big polyp		•Polyp (hepatic flexure, 15 mm)			•There were no apparent limitations or complications	
M	81	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Lower GI bleeding	•Fentanyl100 mcg •Versed5 mg	•Diverticulum (the left side of the colon) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	61	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	68	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
F	51	Colonoscopy		•Anastasiou Ioannis			MAC	•Screening for colon cancer •Diarrhea		•Additional Finding			•There were no apparent limitations or complications	
M	45	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Family history of colon cancer (High Risk) •Diarrhea		•Additional Finding			•There were no apparent limitations or complications	

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M	26	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Crohn disease						
M	94	Colonoscopy		•Tellezavila Felix			IV general anesthesia	•sigmoid volvulus		•Additional Finding •Abnormal mucosa (sigmoid colon)			•There were no apparent limitations or complications	
F	79	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Diverticulum (sigmoid colon) •Scar (ascending colon) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	70	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (ascending colon, 8 mm to 9 mm) •Polyp		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	52	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging	•Fentanyl100 mcg •Versed7 mg	•Additional Finding			•There were no apparent limitations or complications	
F	69	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Scar (ascending colon) •Polyp (transverse colon, 6 mm to 8 mm) •Polyp (sigmoid colon, 6 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	61	Colonoscopy		•Anastasiou Ioannis			MAC	•Family history of colon cancer (High Risk)		•Diverticulum (the left side of the colon)			•There were no apparent limitations or complications	
M	54	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	70	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging	•Fentanyl50 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
M	39	Colonoscopy		•Anastasiou Ioannis			MAC	•BRBPR (bright red blood per rectum)		•Additional Finding			•There were no apparent limitations or complications	
F	58	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (sigmoid colon, 5 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	68	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Surveillance colonoscopy	•Fentanyl150 mcg •Versed6 mg	•Polyp (cecum, 15 mm to 17 mm)			•There were no apparent limitations or complications	
	64	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Diarrhea	•Fentanyl50 mcg •Versed6 mg	•Normal mucosa (whole colon) •Polyp (ascending colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	46	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Family history of colon cancer (High Risk)		•Polyp (transverse colon, 3 mm) •Polyp (sigmoid colon, 2 mm to 3 mm) •Hemorrhoids •Polyp (transverse colon, 12 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	66	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (sigmoid colon, 9 mm) •Polyp (transverse colon, 5 mm to 8 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	64	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	41	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Other specified diseases of intestine	•Fentanyl125 mcg •Versed8 mg	•Additional Finding •Abnormal mucosa (rectum and distal sigmoid colon)			•There were no apparent limitations or complications	
M	63	Colonoscopy		•Inamdar Sumant			IV general anesthesia	•Personal history of colon polyps	•Cefazolin2 gm	•Polyp (cecum, 1 cm) •Polyp (transverse colon, 2 mm to 3 mm)			•There were no apparent limitations or complications	
F	61	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed6 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	59	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon polyp		•Polyp (transverse colon, 3 cm) •Polyp (transverse colon, 3 cm)			•There were no apparent limitations or complications	
F	75	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed6 mg •Glucagon0.5 ml	•Diverticulum (the left side of the colon) •Polyp (descending colon, 2 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	52	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp			•There were no apparent limitations or complications	
F	60	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (hepatic flexure, 4 cm to 5 cm) •Polyp (ascending colon, 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	73	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed8 mg	•Hemorrhoids •Polyp (sigmoid colon, 6 mm to 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	36	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Constipation		•Normal mucosa (distal sigmoid colon)				

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M	53	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk) •Encounter for diagnostic colonoscopy due to change in bowel habits		•Normal mucosa (whole colon and terminal ileum)			•There were no apparent limitations or complications	
F	72	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
F	60	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	55	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp			•There were no apparent limitations or complications	
F	60	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	67	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon polyps		•Polyp (1 cm) •Polyp (ileocecal valve, 3 cm) •Polyp (descending colon, 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	32	Colonoscopy		•Tellezavila Felix			MAC	•Abdominal pain		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
	58	Colonoscopy		•Inamdar Sumant			MAC	•Personal history of colon polyps		•Polyp (cecum, 2 mm) •Polyp (splenic flexure, 10 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	66	Colonoscopy		•Tellezavila Felix			MAC	•cecal polyp		•Polyp (cecum, 40 mm to 40 mm) •Diverticulum (the left side of the colon)			•There were no apparent limitations or complications	
M	50	Colonoscopy		•Tellezavila Felix			MAC	•Screening Colon Cancer (low risk)		•Polyp (5 mm) •Polyp (sigmoid colon, 3 mm) •Polyp (rectum, 5 mm to 7 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	78	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps •Family history of colon cancer (High Risk)		•Polyp (sigmoid colon, 5 mm) •Normal mucosa (terminal ileum) •Polyp (transverse colon, 5 mm to 8 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Diverticulum (the left side of the colon)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	64	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Versed8 mg	•Normal mucosa (whole colon) •Diverticulum (the left side of the colon)			•There were no apparent limitations or complications	
F	48	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Versed8 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
	50	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Hematochezia		•Hemorrhoids •Polyp (ascending colon, 6 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	64	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (descending colon, 6 mm to 8 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 5 mm to 8 mm) •Diverticulum (the left side of the colon)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	49	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•FIT positive		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	67	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Diarrhea		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Hemorrhoids			•There were no apparent limitations or complications	
F	75	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
M	64	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•HHT (hereditary hemorrhagic telangiectasia)		•Additional Finding			•There were no apparent limitations or complications	
M	62	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	

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M	79	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•History of colon cancer •Abnormal finding on imaging		•Additional Finding			•There were no apparent limitations or complications	
F	59	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk) •Anemia		•Additional Finding			•There were no apparent limitations or complications	
F	34	Colonoscopy		•Tellezavila Felix			MAC	•Constipation		•Abnormal mucosa (terminal ileum and sigmoid colon)			•There were no apparent limitations or complications	
F	47	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)		•Anal Fissure (anus) •Polyp (cecum, 2 mm) •Polyp (transverse colon, 5 mm to 6 mm) •Polyp (rectum, 5 mm) •Polyp (cecum, 6 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent complications	
	62	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl50 mcg •Versed6 mg	•Diverticulum (sigmoid colon) •Polyp (sigmoid colon, 4 mm to 6 mm) •Hemorrhoids •Polyp (transverse colon, 6 mm) •Abnormal mucosa (sigmoid colon and rectum)		•The polyp was completely removed and retrieved. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	50	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	51	Colonoscopy		•Tellezavila Felix			Moderate sedation	•UC	•Fentanyl50 mcg •Benadryl50 mg •Versed6 mg	•Abnormal mucosa (rectum, distal sigmoid colon and proximal sigmoid colon)			•There were no apparent limitations or complications	
F	55	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl100 mcg •Benadryl25 mg •Versed8 mg	•Normal mucosa (whole colon) •Hemorrhoids			•There were no apparent limitations or complications	
F	77	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Personal history of colon polyps	•Fentanyl100 mcg •Versed6 mg	•Polyp (descending colon, 2 mm) •Polyp (descending colon, 5 mm) •Polyp (ascending colon, 2 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	71	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Polyp (rectum, 3 cm) •Additional Finding			•There were no apparent limitations or complications	
F	48	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Fentanyl50 mcg •Versed2 mg	•Additional Finding			•There were no apparent limitations or complications	
F	51	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Personal history of colon polyps •Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	77	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Positive FIT (fecal immunochemical test)		•Additional Finding			•There were no apparent limitations or complications	
F	74	Colonoscopy		•Anastasiou Ioannis			Moderate sedation							
M	46	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Polyp (transverse colon, 15 mm)			•There were no apparent limitations or complications	
F	28	Colonoscopy		•Tellezavila Felix			MAC	•Family history of colon cancer (High Risk)		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	76	Colonoscopy		•Tellezavila Felix			MAC	•weight loss		•Abnormal mucosa (rectum)			•There were no apparent limitations or complications	
F	74	Colonoscopy		•Anastasiou Ioannis			MAC	•Polyp of colon •Benign neoplasm of cecum		•Additional Finding			•There were no apparent limitations or complications	
M	55	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging	•Versed3 mg	•Additional Finding			•There were no apparent limitations or complications	
F	64	Colonoscopy		•Tellezavila Felix			Moderate sedation	•screening colonoscopy	•Fentanyl100 mcg •Versed10 mg	•Normal mucosa (whole colon)				
F	21	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Hematochezia	•Fentanyl50 mcg •Benadryl25 mg •Versed6 mg	•Hemorrhoids •Polyp (distal sigmoid colon, 2 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	60	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Fentanyl50 mcg •Versed2 mg	•Additional Finding			•There were no apparent limitations or complications	
M	68	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
	85	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•GI bleeding		•Additional Finding			•There were no apparent limitations or complications	
F	67	Colonoscopy		•Anastasiou Ioannis			MAC	•Diarrhea •Abnormal finding on imaging		•Normal mucosa (whole colon and terminal ileum)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	76	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk) •Abnormal weight loss		•Additional Finding			•There were no apparent limitations or complications	
F	50	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	30	Colonoscopy		•Anastasiou Ioannis			MAC	•Nausea vomiting and diarrhea		•Normal mucosa (whole colon and terminal ileum)			•There were no apparent limitations or complications	
	51	Colonoscopy		•Tellezavila Felix			MAC	•Abdominal pain		•Diverticulum (the left side of the colon) •Polyp (5 mm) •Hemorrhoids		•The polyp was completely removed.	•There were no apparent limitations or complications	
	65	Colonoscopy		•Tellezavila Felix			MAC	•Benign neoplasm of ascending colon		•Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	50	Colonoscopy		•Tellezavila Felix			MAC	•Polyp of colon		•Polyp (descending colon, 5 mm to 6 mm) •Hemorrhoids •Polyp (ascending colon, 3 mm) •Diverticulum (the left side of the colon)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	47	Colonoscopy		•Tellezavila Felix			MAC	•Polyp of colon		•Polyp (sigmoid colon, 3 mm) •Hemorrhoids		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	52	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)	•Fentanyl150 mcg •Versed7 mg	•Additional Finding			•There were no apparent limitations or complications	
F	54	Colonoscopy		•Inamdar Sumant			IV general anesthesia	•Personal history of colon polyps	•Cefazolin2 gm	•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Diverticulum (sigmoid colon) •Polyp (rectum, 8 mm)			•There were no apparent limitations or complications	
F	76	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage		•Additional Finding			•There were no apparent limitations or complications	
	73	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Polyp (ascending colon, 8 mm to 15 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	49	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Polyp (ascending colon, 8 mm to 1 cm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	69	Colonoscopy		•Anastasiou Ioannis			MAC	•Polyp of colon		•Polyp (ileocecal valve, 15 mm)			•There were no apparent limitations or complications	
M	61	Colonoscopy		•Tellezavila Felix			MAC	•GI bleeding		•Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	
F	59	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Diarrhea •Generalized abdominal pain		•Additional Finding			•There were no apparent limitations or complications	
F	62	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Family history of colon cancer (High Risk)		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	41	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Bright red blood per rectum		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	46	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	59	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Gastrointestinal hemorrhage, unspecified		•Blood (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Ulcer (sigmoid colon) •Ulcer (transverse colon)			•There were no apparent limitations or complications	
F	71	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon polyp		•Polyp (proximal ascending colon, 1.5 cm) •Polyp (ileocecal valve, 3.5 cm)			•There were no apparent limitations or complications	
M	62	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
F	47	Colonoscopy		•Anastasiou Ioannis			MAC	•Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
F	72	Colonoscopy		•Tellezavila Felix			MAC	•IBD		•Abnormal mucosa (distal sigmoid colon and rectum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon and proximal sigmoid colon)			•There were no apparent limitations or complications	
M	43	Colonoscopy		•Tellezavila Felix			MAC	•Constipation		•Previous Surgery (terminal ileum) •Normal mucosa (whole colon)			•There were no apparent limitations or complications	

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M	52	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colon cancer screening (low/average risk)		•Stool (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon, anal canal and rectum)			•There were no apparent limitations or complications	
M	32	Colonoscopy		•Anastasiou Ioannis			MAC	•Kaposi's sarcoma of colon		•Additional Finding			•There were no apparent limitations or complications	
M	61	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•GI bleeding •Diverticulosis of large intestine without perforation or abs •Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
M	28	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Benadryl50 mg •Versed8 mg	•Abnormal mucosa (whole colon)			•There were no apparent limitations or complications	
F	88	Colonoscopy		•Inamdar Sumant			Moderate sedation	•Diarrhea		•Polyp (ascending colon, 8 mm) •Diverticulum (the left side of the colon) •Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	84	Colonoscopy		•Inamdar Sumant			Moderate sedation	•FIT positive	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Diverticulum (the left side of the colon) •Polyp (sigmoid colon, 15 mm) •Polyp (ascending colon, 5 mm to 10 mm) •Normal mucosa (terminal ileum)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	69	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon polyp		•Polyp (transverse colon, 2 mm) •Polyp (cecum, 2 mm) •Polyp (splenic flexure, 1.5 mm) •Polyp (splenic flexure, 1.5 mm) •Polyp (hepatic flexure, 1.5 cm) •Polyp (hepatic flexure, 1.5 cm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	

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F	57	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding •Polyp (descending colon, 7 mm) •Polyp (descending colon, 7 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	57	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon •Family history of colon cancer (High Risk)		•Additional Finding			•There were no apparent limitations or complications	
M	25	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Scar (ascending colon) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	48	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon polyp		•Polyp (cecum at the proximal lip of the ICV, 3 cm) •Polyp (cecum at the proximal lip of the ICV, 3 cm) •Polyp (ascending colon)		•The polyp was completely removed. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	68	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon polyp		•Polyp (rectum, 15 mm) •Polyp (rectum, 15 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	51	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk) Positive FIT		•Polyp (ascending colon, 5 mm) •Additional Finding		•The polyp was completely removed.	•There were no apparent limitations or complications	
	57	Colonoscopy		•Anastasiou Ioannis			MAC	•Polyp of colon •Nonfamilial multiple polyposis syndrome		•Polyp (sigmoid colon, 5 mm) •Polyp (ascending colon, 5 mm) •Polyp (descending colon, 5 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	59	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding		•Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	37	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Crohn disease		•Normal mucosa (whole colon) •Previous Surgery (cecum)			•There were no apparent limitations or complications	

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F	50	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Polyp (descending colon, 6 mm) •Hemorrhoids •Polyp (ascending colon, 2 mm) •Polyp (cecum, 2 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	75	Colonoscopy		•Tellezavila Felix			MAC	•Abdominal pain		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	62	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GVHD		•Polyp (cecum, 2 mm) •Normal mucosa (whole colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	60	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Colon cancer screening (low/average risk)		•Polyp (descending colon, 6 mm) •Polyp (descending colon, 3 mm) •Hemorrhoids •Lipoma (ascending colon) •Polyp (ascending colon, 2 mm)		•The polyp was completely removed. •The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	28	Colonoscopy		•Tellezavila Felix			MAC	•Abdominal pain		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	69	Colonoscopy		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Benadryl50 mg •Versed10 mg	•Diverticulum (ascending colon and sigmoid colon) •Blood (whole colon)			•There were no apparent limitations or complications	
	56	Colonoscopy		•Tellezavila Felix			MAC	•Colon cancer screening (low/average risk)		•Diverticulum (sigmoid colon) •Polyp (descending colon, 6 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	85	Colonoscopy		•Tellezavila Felix			Moderate sedation	•prob CRC	•Fentanyl100 mcg •Versed8 mg	•foreign body (ascending colon)			•Perforation	
F	59	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Rectal bleeding		•Polyp (ascending colon, 8 mm) •Normal mucosa (terminal ileum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	

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	57	Colonoscopy		•Inamdar Sumant			MAC with IV sedation	•Colonoscopy for evaluation of IDA		•Polyp (sigmoid colon, 4 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
M	71	Colonoscopy		•Tellezavila Felix			Moderate sedation	•anemia	•Fentanyl50 mcg •Benadryl25 mg •Versed6 mg	•Polyp (ascending colon, 6 mm) •Diverticulum (sigmoid colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	61	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•H x of Rectal mass resected with ESD		•Normal mucosa (whole colon) •Additional Finding			•There were no apparent limitations or complications	
M	62	Colonoscopy		•Inamdar Sumant			IV general anesthesia	•Polyp of colon	•Cefazolin2 gm	•Polyp •Polyp (ascending colon and cecum, 8 mm to 15 mm)			•There were no apparent limitations or complications	
M	51	Colonoscopy		•Tellezavila Felix			Moderate sedation	•Chronic diarrhea	•Fentanyl50 mcg •Benadryl25 mg •Versed8 mg	•Normal mucosa (whole colon and terminal ileum)			•There were no apparent limitations or complications	
M	46	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Polyp (8 mm) •Additional Finding		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	45	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	52	Colonoscopy		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk)		•Additional Finding			•There were no apparent limitations or complications	
M	60	Colonoscopy		•Anastasiou Ioannis			MAC	•Colon cancer screening (low/average risk)		•Additional Finding •Polyp (sigmoid colon, 1 cm) •Additional Finding		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	26	Colonoscopy		•Tellezavila Felix			MAC	•Crohn disease		•Stricture (sigmoid colon) •Abnormal mucosa (sigmoid colon) •Normal mucosa (distal sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	54	Colonoscopy		•Anastasiou Ioannis			MAC	•Family history of colon cancer (High Risk)		•Hemorrhoids •Polyp (descending colon, 1 cm) •Diverticulum (whole colon) •Hemorrhoids		•The polyp was completely removed.	•There were no apparent limitations or complications	
Colonoscopy With EMR														73
F	62	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•Polyp of colon		•Polyp (transverse colon, 15 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	

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F	69	Colonoscopy With EMR		•Tellezavila Felix			MAC	•Colon / A Colon polyp - 2cm for attempted EMR		•Polyp (ascending colon, 8 mm) •Polyp (ascending colon, 20 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	57	Colonoscopy With EMR		•Tellezavila Felix			MAC	•flat lesion in the colon		•Polyp (ascending colon, 25 mm)			•There were no apparent limitations or complications	
F	77	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•polyps in colon		•Normal mucosa (whole colon) •Polyp (cecum, 3 mm)			•There were no apparent limitations or complications	
M	68	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (ascending colon, 3 cm to 5 cm) •Polyp (sigmoid colon, 6 cm to 7 cm) •Diverticulum (whole colon) •Polyp (transverse colon, 4 cm to 5 cm)			•There were no apparent limitations or complications	
M	65	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Rectal polyp		•Polyp (rectum, 5 cm to 6 cm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon and sigmoid colon)			•There were no apparent limitations or complications	
M	71	Colonoscopy With EMR		•Tellezavila Felix			MAC	•Polyp of colon		•Polyp (transverse colon, 3 mm to 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	67	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (splenic flexure, 2 cm to 3 cm) •Diverticulum (whole colon)			•There were no apparent limitations or complications	
F	74	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (sigmoid colon, 15 mm) •Polyp (ascending colon, 15 mm to 30 mm)			•There were no apparent limitations or complications	
M	76	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (ascending colon, 15 mm) •Polyp (descending colon, 1 cm)			•There were no apparent limitations or complications	
M	60	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Hemorrhoids •Polyp (transverse colon, 15 mm to 18 mm)			•There were no apparent limitations or complications	
M	77	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (ascending colon, 15 mm to 18 mm)			•There were no apparent limitations or complications	
M	66	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•cecum polyp		•Polyp (sigmoid colon, 7 mm) •Diverticulum (whole colon) •Polyp (cecum, 15 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	

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F	67	Colonoscopy With EMR		•Tellezavila Felix			MAC	•colonic polyp		•Polyp (transverse colon, 3 mm) •Additional Finding •Hemorrhoids •Diverticulum (the left side of the colon)			•There were no apparent complications	
M	67	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•cecum polyp		•Polyp (cecum, 3 cm)			•There were no apparent limitations or complications	
F	66	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•cecum polyp		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
M	70	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•colonic adenoma		•Polyp (ascending colon, 9 mm) •Polyp (sigmoid colon, 8 mm) •Hemorrhoids		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	61	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (transverse colon, 1 cm to 1.5 cm)			•There were no apparent limitations or complications	
F	72	Colonoscopy With EMR		•Tellezavila Felix			MAC	•Polyp of colon		•Blood (whole colon) •Normal mucosa (whole colon)				
M	69	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (ascending colon, 1 cm) •Polyp (hepatic flexure, 2 cm to 3 cm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	61	Colonoscopy With EMR		•Tellezavila Felix			MAC	•Post polypectomy follow up- SSA		•Polyp (ascending colon, 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	69	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•polyp in the ascending colon		•Polyp (ascending colon, 15 mm) •Normal mucosa (rest of the colon)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	64	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Colon neuroendocrine tumor		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon and rectum) •Polyp (sigmoid colon, 5 mm to 6 mm)			•There were no apparent limitations or complications	
M	50	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•colonic polyps		•Diverticulum (whole colon) •Polyp (transverse colon, 10 mm to 30 mm) •Hemorrhoids		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	65	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (descending colon, 2 cm) •Polyp (ascending colon, 2 cm to 3 cm)			•There were no apparent limitations or complications	

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M	61	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (ascending colon, 2 cm to 3 mm) •Polyp (ascending colon, 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	62	Colonoscopy With EMR		•Tellezavila Felix			IV general anesthesia	•big polyp in the hepatic flexure		•Additional Finding •Polyp (ascending colon, 15 mm)			•There were no apparent limitations or complications	
M	71	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (transverse colon, 15 mm) •Polyp (transverse colon, 5 mm to 8 mm)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	80	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	68	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (ascending colon, 2 cm to 3 cm)			•There were no apparent limitations or complications	
F	67	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (transverse colon, 2 cm to 3 cm) •Polyp (transverse colon, 8 mm to 9 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	59	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Colon mass		•Polyp (rectum, 5 cm to 6 cm)			•There were no apparent limitations or complications	
F	60	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (cecum, 5 mm to 8 mm) •Polyp (sigmoid colon, 4 cm to 5 cm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	77	Colonoscopy With EMR		•Tellezavila Felix			MAC	•polyps in the colon		•Polyp (transverse colon next to hepatic flexure, 25 mm) •Polyp (descending colon, 20 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	68	Colonoscopy With EMR		•Tellezavila Felix			MAC	•Polyp, adenomatous		•Normal mucosa (whole colon) •Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	
M	74	Colonoscopy With EMR		•Tellezavila Felix			MAC	•sigmoid polyp		•Normal mucosa (rest of the whole colon) •Diverticulum (sigmoid colon) •Polyp (sigmoid colon, 12 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	75	Colonoscopy With EMR		•Tellezavila Felix			MAC	•Polyp, adenomatous		•Polyp (ascending colon, 40 mm)			•There were no apparent limitations or complications	
M	74	Colonoscopy With EMR		•Tellezavila Felix			MAC	•polyp in transverse colon		•Polyp (transverse colon, 40 mm)			•There were no apparent limitations or complications	

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F	71	Colonoscopy With EMR		•Tellezavila Felix			MAC	•Polyp of colon		•Polyp (cecum, 15 mm)			•There were no apparent limitations or complications	
M	67	Colonoscopy With EMR		•Tellezavila Felix			MAC	•Colon polyp		•Polyp (splenic flexure, 25 mm)			•There were no apparent limitations or complications	
M	73	Colonoscopy With EMR		•Tellezavila Felix			MAC	•Benign neoplasm of cecum		•Polyp (ascending colon, 3 mm) •Normal mucosa (Rest of the whole colon) •Polyp (descending colon, 5 mm) •Polyp (transverse colon, 6 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	67	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•polyp in the cecum		•Polyp (cecum, 15 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	69	Colonoscopy With EMR		•Tellezavila Felix			MAC	•Polyp in the colon		•Polyp (ascending colon, 25 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	82	Colonoscopy With EMR		•Tellezavila Felix			MAC	•colon polyps		•Hemorrhoids •Polyp (ascending colon, 4 mm to 15 mm) •Polyp (transverse colon, 12 mm)			•There were no apparent limitations or complications	
F	64	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (hepatic flexure, 15 mm) •Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	
M	57	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•Big polyp in right colon		•Polyp			•There were no apparent limitations or complications	
F	47	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Personal history of colon polyps		•Polyp (hepatic flexure, 2 cm to 3 cm) •Polyp (hepatic flexure, 2 cm to 3 cm)			•There were no apparent limitations or complications	
F	56	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Normal mucosa (terminal ileum)			•There were no apparent limitations or complications	
M	60	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (ascending colon, 3 cm to 4 cm)			•There were no apparent limitations or complications	

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M	60	Colonoscopy With EMR		•Inamdar Sumant			Moderate sedation	•Polyp of colon		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Scar (ascending colon) •Polyp (ascending colon, 5 mm to 9 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	77	Colonoscopy With EMR		•Anastasiou Ioannis			Moderate sedation	•Polyp of colon		•Hemorrhoids •Diverticulum (the left side of the colon) •Polyp (2 mm) •Additional Finding		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
F	66	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•colon polyp		•Polyp (ascending colon, 6 mm) •Polyp (transverse colon, 10 mm) •Polyp (sigmoid colon, 14 mm to 10 mm)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	62	Colonoscopy With EMR		•Anastasiou Ioannis			Moderate sedation	•Personal history of colon polyps		•Polyp (transverse colon, 1.5 cm)			•There were no apparent limitations or complications	
M	69	Colonoscopy With EMR		•Anastasiou Ioannis			Moderate sedation	•Personal history of colon polyps		•Additional Finding			•There were no apparent limitations or complications	
M	49	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•residual tissue in rectal polyp		•Polyp (rectum, 5 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	58	Colonoscopy With EMR		•Inamdar Sumant			Moderate sedation	•Personal history of colon polyps		•Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum) •Diverticulum (the left side of the colon) •Polyp (sigmoid colon, 4 cm to 5 cm)			•There were no apparent limitations or complications	
F	69	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•Big polyp		•Polyp (descending colon, 20 mm to 20 mm) •Diverticulum (sigmoid colon)			•There were no apparent limitations or complications	
F	63	Colonoscopy With EMR		•Anastasiou Ioannis			Moderate sedation	•Polyp, colonic		•Additional Finding			•There were no apparent limitations or complications	
F	67	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•polyp in the cecum		•Polyp (cecum, 5 mm) •Diverticulum (the left side of the colon)			•There were no apparent limitations or complications	

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M	64	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Polyp (transverse colon, 5 mm) •Polyp (sigmoid colon, 4 mm) •Polyp (cecum, 6 mm) •Scar (cecum) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed. •The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
M	71	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Polyp of colon		•Diverticulum (the left side of the colon) •Polyp (ascending colon, 1 cm) •Polyp (ascending colon, 8 mm) •Normal mucosa (cecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	74	Colonoscopy With EMR		•Inamdar Sumant			MAC with IV sedation	•Colon polyp		•Polyp (cecum, 3 cm to 4 cm)			•There were no apparent limitations or complications	
M	51	Colonoscopy With EMR		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk) •Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	
	65	Colonoscopy With EMR		•Anastasiou Ioannis			MAC	•Benign neoplasm of ascending colon		•Additional Finding			•There were no apparent limitations or complications	
	85	Colonoscopy With EMR		•Anastasiou Ioannis			MAC	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
M	54	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•Polyp of colon		•Polyp (transverse colon, 3 mm to 5 mm) •Polyp (rectum, 2 mm) •Diverticulum (the left side of the colon) •Polyp (descending colon, 4 mm) •Polyp (sigmoid colon, 7 mm)		•The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved. •The polyp was completely removed and retrieved. •The polyp was completely removed.		
M	74	Colonoscopy With EMR		•Tellezavila Felix			Moderate sedation	•polyp in transverse colon		•Polyp (transverse colon, 6 mm)			•There were no apparent limitations or complications	
F	32	Colonoscopy With EMR		•Anastasiou Ioannis			MAC	•Family history of colon cancer •Colon polyp		•Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	52	Colonoscopy With EMR		•Tellezavila Felix			MAC	•Transverse polyp		•Polyp (transverse colon, 30 mm)			•There were no apparent limitations or complications	
F	72	Colonoscopy With EMR		•Anastasiou Ioannis			MAC	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
F	71	Colonoscopy With EMR		•Tellezavila Felix			IV general anesthesia	•Colonic polyps		•Polyp (hepatic flexure, 20 mm) •Polyp (transverse colon, 15 mm) •Polyp (sigmoid colon, 12 mm)			•There were no apparent limitations or complications	
	50	Colonoscopy With EMR		•Anastasiou Ioannis			MAC	•Colon polyps •Family history of colon cancer (High Risk)		•Polyp (2 cm) •Polyp (transverse colon, 4 cm) •Polyp (distal transverse colon, 4 mm)			•There were no apparent limitations or complications	
F	68	Colonoscopy With EMR		•Anastasiou Ioannis			Moderate sedation	•Colon polyp		•Polyp (rectosigmoid junction) •Polyp (ascending colon)		•The polyp was completely removed and retrieved.	•There were no apparent limitations or complications	
Colonoscopy with Stent Insertion														2
M	78	Colonoscopy with Stent Insertion		•Inamdar Sumant			MAC with IV sedation	•Colonic mass		•Mass (sigmoid colon, 4 cm)				
M	52	Colonoscopy with Stent Insertion		•Tellezavila Felix			MAC	•Metastatic CRC		•Abnormal mucosa (transverse colon)				
EGD														2111
M	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Nodule (the noted Barrett's mucosal segment) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	61	EGD		•Inamdar Sumant			IV general anesthesia	•Esophageal stricture •Barrett's esophagus without dysplasia		•Hiatal Hernia •Barrett's Esophagus •Normal duodenum			•There were no apparent limitations or complications	
F	83	EGD		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•Abnormal mucosa (antrum) •Abnormal mucosa (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
F	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Non healing gastric ulcer		•Ulcer (antrum) •Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	57	EGD		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test and cholangitis		•Normal duodenum •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	78	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Abnormal PET scan in the stomach		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	60	EGD		•Tellezavila Felix			MAC	•polyp in duodenum		•Polyp (anterior bulb, 5 mm to 6 mm) •Normal mucosa (whole esophagus) •Abnormal mucosa		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	64	EGD		•Inamdar Sumant			Moderate sedation	•Nausea, vomiting	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	70	EGD		•Tellezavila Felix			MAC	•Barrett's esophagus without dysplasia		•Normal mucosa (whole examined duodenum) •Barrett's Esophagus •Normal mucosa (whole stomach) •Hiatal Hernia •Ulcer (middle third of the esophagus)			•There were no apparent limitations or complications	
F	19	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain						
	65	EGD		•Tellezavila Felix			MAC	•screening varices		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	45	EGD		•Tellezavila Felix			MAC	•Barrett's esophagus		•Barrett's Esophagus •Normal mucosa (whole examined duodenum) •Hiatal Hernia •Abnormal mucosa			•There were no apparent limitations or complications	
	60	EGD		•Tellezavila Felix			IV general anesthesia	•Dysphagia		•Esophagitis (gastroesophageal junction) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			Moderate sedation	•GERD •Thickening on CT of lower esophagus	•Fentanyl25 mcg •Versed2 mg	•Barrett's Esophagus •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	58	EGD		•Inamdar Sumant			Moderate sedation	•Cirrhosis, unspecified	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa (stomach body) •Abnormal mucosa (gastroesophageal junction) •Normal duodenum			•There were no apparent limitations or complications	
F	73	EGD		•Inamdar Sumant			Moderate sedation	•Varices, esophageal	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Varices (lower third of the esophagus and middle third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	34	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal bloating, gas, dysphagia, GERD	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole stomach) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	66	EGD		•Tellezavila Felix			IV general anesthesia	•screening varices		•Abnormal mucosa (antrum and incisura of the stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	73	EGD		•Inamdar Sumant			Moderate sedation	•GERD •Diarrhea	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa (antrum) •Hiatal Hernia •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	55	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl125 mcg •Versed5 mg	•Esophagitis (gastroesophageal junction) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Hiatal Hernia			•There were no apparent limitations or complications	
M	58	EGD		•Tellezavila Felix			Moderate sedation	•gastrointestinal bleeding	•Versed5 mg	•Hiatal Hernia •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	56	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Gastroparesis		•Food (stomach body) •Food (stomach body) •Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Stricture of esophagus •Esophageal obstruction		•Gastrostomy •Stent (lower third of the esophagus, 23 mm) •Normal duodenum			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	57	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Food (stomach body) •Esophagitis (gastroesophageal junction) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	67	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (duodenal bulb) •Varices (lower third of the esophagus) •Abnormal mucosa (stomach body)			•There were no apparent limitations or complications	
F	75	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	57	EGD		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test and cholangitis		•Normal duodenum •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
M	40	EGD		•Inamdar Sumant			Moderate sedation	•AIH on Tacrolimus, previously banded for variceal surveillance, History of CRC, pan colectomy	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	40	EGD		•Tellezavila Felix			MAC	•Dysphagia		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
	65	EGD		•Inamdar Sumant			IV general anesthesia	•Perigastric collection s/p partial gastrectomy		•Previous Surgery (stomach body) •Normal esophagus			•There were no apparent limitations or complications	
F	74	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal pain •Portal hypertension •Dysphagia, oral phase	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole esophagus) •Hiatal Hernia •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	75	EGD		•Inamdar Sumant			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl50 mcg •Versed4 mg	•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
M	39	EGD		•Tellezavila Felix			MAC	•Dysphagia		•Normal mucosa (whole stomach) •Hiatal Hernia •Esophagitis (gastroesophageal junction) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	69	EGD		•Tellezavila Felix			IV general anesthesia	•Personal history of colon polyps •Personal history of colon polyps		•Hiatal Hernia •Previous Surgery •Previous Surgery •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	85	EGD		•Inamdar Sumant			Moderate sedation	•Diarrhea	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	75	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	63	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	78	EGD		•Inamdar Sumant			Moderate sedation	•GERD	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa (Z-line and gastroesophageal junction) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
F	42	EGD		•Tellezavila Felix			MAC	•Polyp of stomach and duodenum		•Normal mucosa (whole esophagus) •Polyp (duodenal bulb and second part of the duodenum, 2 mm to 15 mm) •Polyp (fundus)			•There were no apparent limitations or complications	
M	59	EGD		•Inamdar Sumant			Moderate sedation	•Varices, esophageal	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
	71	EGD		•Inamdar Sumant			Moderate sedation	•GERD	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa (Z-line and gastroesophageal junction) •Polyp (fundus, 5 mm) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
M	66	EGD		•Inamdar Sumant			Moderate sedation	•GERD	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			Moderate sedation	•Fecal occult test positive •Anemia of unknown etiology	•Fentanyl50 mcg •Versed4 mg	•Polyp (antrum, 2 cm to 3 mm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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F	52	EGD		•Inamdar Sumant			Moderate sedation	•Variceal screening	•Fentanyl50 mcg •Versed4 mg	•Previous Surgery (stomach body) •Additional Finding •Normal esophagus			•There were no apparent limitations or complications	
F	67	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary sludge •Dysphagia		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			Moderate sedation	•Gastrointestinal hemorrhage, unspecified	•Fentanyl50 mcg •Versed4 mg	•Hiatal Hernia •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	84	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	65	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	62	EGD		•Inamdar Sumant			MAC with IV sedation	•NASH, Cirrhosis, previously banded		•Varices (lower third of the esophagus) •Abnormal mucosa •Normal duodenum			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	50	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis	•Fentanyl100 mcg •Versed5 mg	•Esophagitis (gastroesophageal junction) •Polyp (stomach body, 2 mm to 3 mm) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	87	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Abnormal Motility •Gastrostomy (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
M	55	EGD		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•Stricture (second part of the duodenum and third part of the duodenum) •Esophagitis (gastroesophageal junction and lower third of the esophagus) •Fluid (stomach body)			•There were no apparent limitations or complications	
F	28	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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M	70	EGD		•Inamdar Sumant			Moderate sedation	•Gastric pneumatosis	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	62	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (gastroesophageal junction) •Hiatal Hernia			•There were no apparent limitations or complications	
F	64	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa •Normal duodenum •Normal esophagus. No evidence of esophageal varices			•There were no apparent limitations or complications	
M	86	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Mass of pancreas		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	56	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed5 mg	•Ulcer (duodenal bulb) •Ulcer (duodenal bulb) •Ulcer (antrum and pre-pyloric region) •Normal esophagus			•There were no apparent limitations or complications	
F	84	EGD		•Inamdar Sumant			IV general anesthesia	•Acquired dilation of bile duct •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	55	EGD		•Inamdar Sumant			IV general anesthesia	•Pseudocyst, pancreatic •Pancreatitis, chronic •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	49	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis •Hematemesis	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa (gastroesophageal junction) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	76	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal polyps		•Polyp (duodenal bulb, 5 mm to 8 mm) •Polyp (fundus, 5 mm to 8 mm) •Normal esophagus			•There were no apparent limitations or complications	
M	40	EGD		•Inamdar Sumant			Moderate sedation	•Dysphagia	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Stricture (lower third of the esophagus)			•There were no apparent limitations or complications	

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F	81	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis	•Fentanyl150 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	34	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal pain	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	66	EGD		•Tellezavila Felix			MAC	•Polyp in the duodenum		•Normal mucosa (whole esophagus) •Abnormal mucosa •Polyp (third part of the duodenum, 10 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed4 mg	•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body and fundus) •Normal duodenum			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			IV general anesthesia	•Gastrointestinal hemorrhage, unspecified		•Blood (stomach body) •Ulcer (gastroesophageal junction and lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole stomach) •Ulcer (duodenal bulb) •Abnormal mucosa (gastroesophageal junction)			•There were no apparent limitations or complications	
M	61	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis		•Varices (lower third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	27	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl75 mcg •Benadryl50 mg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	72	EGD		•Tellezavila Felix			MAC	•Esophageal stricture		•Normal mucosa (whole examined duodenum) •Stricture •Stricture (upper third of the esophagus) •Stricture (upper third of the esophagus) •Candidiasis •Abnormal mucosa			•There were no apparent limitations or complications	

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M	68	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl100 mcg •Benadryl25 mg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	67	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed4 mg	•Additional Finding •Additional Finding •Abnormal mucosa (Z-line and gastroesophageal junction)			•There were no apparent limitations or complications	
	28	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver tests s/p liver transplant		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	66	EGD		•Inamdar Sumant			Moderate sedation	•Melena s/p removal of polyp from duodenum	•Fentanyl100 mcg •Versed5 mg	•Ulcer (second part of the duodenum) •Food (stomach body) •Normal esophagus			•There were no apparent limitations or complications	
F	64	EGD		•Tellezavila Felix			MAC	•Pain, epigastric		•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	55	EGD		•Inamdar Sumant			IV general anesthesia	•Obstruction of duodenum		•Esophagitis (gastroesophageal junction) •Fluid (stomach body) •Stricture (second part of the duodenum)			•There were no apparent limitations or complications	
F	35	EGD		•Inamdar Sumant			Moderate sedation	•Nausea and vomiting	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction) •Abnormal mucosa			•There were no apparent limitations or complications	
M	61	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Candidiasis (middle third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	59	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric subepithelial lesion		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	48	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa (anterior bulb and distal bulb) •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	

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	80	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain		•Abnormal mucosa (antrum) •Abnormal Motility •Normal duodenum			•There were no apparent limitations or complications	
M	49	EGD		•Inamdar Sumant			MAC with IV sedation	•BRAC2 mutation with family history of pancreatic cancer		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	41	EGD		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology	•Lidocaine jelly2 % •Fentanyl50 mcg •Versed4 mg	•Angioectasia (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric antral vascular ectasia (GAVE)		•Angioectasia (antrum and cardia) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	57	EGD		•Inamdar Sumant			Moderate sedation	•Coffee ground emesis	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	34	EGD		•Inamdar Sumant			Moderate sedation	•Nausea and vomiting •Abdominal pain	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa •Abnormal mucosa •Esophagitis (gastroesophageal junction) •Abnormal mucosa			•There were no apparent limitations or complications	
	70	EGD		•Inamdar Sumant			MAC with IV sedation	•Barretts esophagus with dysplasia		•Barrett's Esophagus •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	43	EGD		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	32	EGD		•Inamdar Sumant			Moderate sedation	•Nausea and vomiting	•Fentanyl150 mcg •Benadryl50 mg •Versed8 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Stricture (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
	30	EGD		•Inamdar Sumant			IV general anesthesia	•h/o UC w/ Proximal biliary stricture on MRCP.		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	60	EGD		•Inamdar Sumant			IV general anesthesia	•GE junction mass		•Stricture (gastroesophageal junction and lower third of the esophagus) •Abnormal mucosa (cardia) •Abnormal mucosa (duodenal bulb)			•There were no apparent limitations or complications	
F	20	EGD		•Inamdar Sumant			Moderate sedation	•Nausea and vomiting	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
F	70	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Dilated pancreatic duct		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	80	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Bile leak		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	22	EGD		•Inamdar Sumant			Moderate sedation	•Abnormal CT scan	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	41	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abdominal pain •Elevated liver enzymes level		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	52	EGD		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function •Liver transplant status		•Abnormal mucosa (antrum) •Food (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	55	EGD		•Inamdar Sumant			IV general anesthesia	•Dysphagia, nausea, Dr Govind follow up for CA stomach, previously dilated every 6m by Dr Williams with "good relief"		•Previous Surgery •Additional Finding •Normal esophagus			•There were no apparent limitations or complications	
M	56	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Nodule (the noted Barrett's mucosal segment) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	33	EGD		•Inamdar Sumant			IV general anesthesia	•Melena		•Ulcer (stomach body) •Esophagitis (gastroesophageal junction) •Normal duodenum			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	80	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary stricture		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	50	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis		•Abnormal mucosa (antrum) •Esophagitis (gastroesophageal junction) •Normal duodenum			•There were no apparent limitations or complications	
F	69	EGD		•Inamdar Sumant			MAC with IV sedation	•BRCA 1 mutation		•Polyp (cardia, 5 mm to 8 mm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	52	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis	•Fentanyl25 mcg •Versed1 mg	•Normal mucosa (whole esophagus) •Polyp (fundus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	84	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's esophagus with dysplasia, unspecified		•Normal mucosa (whole esophagus) •Polyp (fundus and stomach body, 5 mm to 15 mm) •Normal duodenum			•There were no apparent limitations or complications	
F	32	EGD		•Inamdar Sumant			IV general anesthesia	•Ampullary adenoma		•Polyp (stomach body, 5 mm to 8 mm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	55	EGD		•Inamdar Sumant			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	49	EGD		•Inamdar Sumant			IV general anesthesia	•Anemia of unknown etiology		•Varices (lower third of the esophagus) •Abnormal mucosa •Normal duodenum			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Mass of pancreas		•Deformity (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
	65	EGD		•Inamdar Sumant			IV general anesthesia	•Post transplant for HCC - worsening cholestasis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	53	EGD		•Inamdar Sumant			IV general anesthesia	•Duodenal neuroendocrine tumor		•Polyp (fundus, 5 mm to 10 mm) •Polyp (duodenal bulb, 6 mm) •Normal esophagus			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	85	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Hiatal Hernia •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	67	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	69	EGD		•Inamdar Sumant			MAC with IV sedation	•GE junction mass		•Normal mucosa (upper third of the esophagus, middle third of the esophagus and lower third of the esophagus) •Ulcer (fundus) •Normal duodenum			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			IV general anesthesia	•Suspected pyloric obstruction ? benign / malignant, Gastric Bypass surgery s/p EDGE - for endoscopic evaluation. Been on NSAID.		•Stenosis (pylorus) •Stenosis (pylorus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	74	EGD		•Inamdar Sumant			IV general anesthesia	•Duodenal polyp		•Polyp (second part of the duodenum, 10 mm to 15 mm) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	62	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain with suspected duodenitis		•Previous Surgery (stomach body) •Additional Finding •Normal esophagus			•There were no apparent limitations or complications	
	49	EGD		•Inamdar Sumant			IV general anesthesia	•Gastric bypass, Mixed LFT, abdominal pain, previous multiple surgeries with adhesions, suspected CBD Stone with dilated CBD		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus. No evidence of hiatal hernia			•There were no apparent limitations or complications	
M	39	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl125 mcg •Benadryl25 mg •Versed5 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	73	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl25 mcg •Versed1 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	48	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Benadryl25 mg •Versed2 mg	•Ulcer (duodenal bulb) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	46	EGD		•Tellezavila Felix			Moderate sedation	•Gastrointestinal bleeding	•Fentanyl100 mcg •Benadryl25 mg •Versed4 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum and pre-pyloric region) •Abnormal mucosa			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	59	EGD		•Tellezavila Felix			Moderate sedation	•melena	•Fentanyl75 mcg •Versed3 mg	•Esophagitis (gastroesophageal junction) •Barrett's Esophagus •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	62	EGD		•Tellezavila Felix			Moderate sedation	•Melena	•Fentanyl75 mcg •Benadryl25 mg •Versed3 mg	•Food (whole stomach) •Normal mucosa (whole esophagus)			•Stomach full of food	
M	36	EGD		•Tellezavila Felix			MAC	•Stent removal post cystgastrostomy		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	67	EGD		•Tellezavila Felix			MAC	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	84	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed2 mg	•Abnormal mucosa (antrum) •Hiatal Hernia •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	46	EGD		•Tellezavila Felix			MAC	•celiac disease		•Additional Finding •Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	78	EGD		•Tellezavila Felix			MAC	•gastric adenoma		•Normal mucosa (whole examined duodenum) •Polyp (antrum, 10 mm) •Normal mucosa (whole esophagus)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	49	EGD		•Tellezavila Felix			MAC	•Esophageal obstruction		•Normal mucosa (whole examined duodenum) •Stricture (upper third of the esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	50	EGD		•Tellezavila Felix			IV general anesthesia	•Esophageal dysphagia; hx of esophageal stent placed after esophageal perforation in AZ		•foreign body •Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	40	EGD		•Tellezavila Felix			Moderate sedation	•GERD	•Fentanyl100 mcg •Benadryl25 mg •Versed4 mg	•Candidiasis (middle third of the esophagus and lower third of the esophagus) •Previous Surgery			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	75	EGD		•Tellezavila Felix			MAC	•Diarrhea		•Normal mucosa (whole examined duodenum) •Barrett's Esophagus •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	57	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl175 mcg •Benadryl50 mg •Versed9 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	69	EGD		•Tellezavila Felix			Moderate sedation	•Gastrointestinal bleeding	•Fentanyl50 mcg •Versed1 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	48	EGD		•Tellezavila Felix			Moderate sedation	•anemia	•Fentanyl150 mcg •Benadryl25 mg •Versed6 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	43	EGD		•Tellezavila Felix			Moderate sedation	•melena	•Fentanyl100 mcg •Benadryl25 mg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Hiatal Hernia •Barrett's Esophagus •Esophagitis (gastroesophageal junction) •Abnormal mucosa			•There were no apparent limitations or complications	
	36	EGD		•Tellezavila Felix			MAC	•Polyp of stomach and duodenum		•Polyp (stomach body and fundus, 1 mm to 10 mm) •Previous Surgery (third part of the duodenum) •Normal mucosa (whole esophagus)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Obstructive jaundice		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum. Stent in position.) •Abnormal mucosa			•There were no apparent limitations or complications	
M	32	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices with bleeding	•Fentanyl125 mcg •Benadryl25 mg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	53	EGD		•Tellezavila Felix			Moderate sedation	•dysphagia	•Fentanyl125 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	51	EGD		•Tellezavila Felix			Moderate sedation	•CT of abdomen abnormal	•Fentanyl75 mcg •Benadryl25 mg •Versed3 mg	•Ulcer (antrum, stomach body and incisura of the stomach) •Previous Surgery (upper third of the esophagus)			•There were no apparent limitations or complications	
M	65	EGD		•Tellezavila Felix			Moderate sedation	•Other diseases of stomach and duodenum	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
F	61	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Benadryl25 mg •Versed2 mg	•Normal mucosa (whole stomach) •Varices (upper third of the esophagus) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	63	EGD		•Tellezavila Felix			Moderate sedation	•anemia	•Fentanyl50 mcg •Benadryl25 mg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	66	EGD		•Inamdar Sumant			IV general anesthesia	•Bile leak •PSC s/p liver transplant		•Normal duodenum •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
M	70	EGD		•Inamdar Sumant			IV general anesthesia	•Duplication cyst of the ampulla •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	57	EGD		•Inamdar Sumant			MAC with IV sedation	•Hypoglycemia		•Additional Finding •Previous Surgery (stomach body) •Normal esophagus			•There were no apparent limitations or complications	
M	81	EGD		•Inamdar Sumant			IV general anesthesia	•Dilated pancreatic duct •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	60	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed3 mg	•Abnormal mucosa (antrum, incisura of the stomach and stomach body) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	81	EGD		•Inamdar Sumant			MAC with IV sedation	•Suspected gastric mass •Abdominal pain		•Ulcer (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	52	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	46	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent acute pancreatitis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	63	EGD		•Inamdar Sumant			IV general anesthesia	•Intramucosal cancer on biopsy		•Hiatal Hernia •Abnormal mucosa (area at and just proximal to the squamo-columnar junction) •Normal duodenum			•There were no apparent limitations or complications	
M	75	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl200 mcg •Versed8 mg	•Ulcer (anterior bulb) •Normal mucosa (whole esophagus) •Blood (antrum, fundus and stomach body)			•Massive active bleeding	
M	34	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa (fundus)			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			IV general anesthesia	•5-6cm involving at least 60-70% of circumference and starting from ampulla. For attempted ampullectomy. Patient refused Whipple in the past.		•Polyp (second part of the duodenum and area of the papilla, 6 cm to 7 cm) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	66	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric subepithelial lesion		•Nodule (cardia) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	76	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia	•Fentanyl125 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	42	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	68	EGD		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis •Abdominal pain		•Normal duodenum •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	38	EGD		•Inamdar Sumant			IV general anesthesia	•Dysphagia		•Gastrostomy (stomach body) •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	66	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	60	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices with bleeding	•Fentanyl50 mcg •Benadryl25 mg •Versed2 mg	•Normal mucosa (whole esophagus) •Varices (lower third of the esophagus) •Abnormal mucosa •Abnormal mucosa (distal bulb)			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Pancreatitis, chronic •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	77	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia		•Normal mucosa (whole stomach) •Additional Finding •Diverticulum (area adjacent to the papilla)			•There were no apparent limitations or complications	
	69	EGD		•Tellezavila Felix			MAC	•Barrett with low-grade dysplasia		•Additional Finding •Barrett's Esophagus			•There were no apparent limitations or complications	
M	72	EGD		•Tellezavila Felix			MAC	•Esophageal stricture		•Stricture (upper third of the esophagus) •Stricture (cricopharyngeus) •Stricture (upper third of the esophagus)			•There were no apparent limitations or complications	
F	61	EGD		•Inamdar Sumant			IV general anesthesia	•Dysphagia post RFA, progressively worse? stricture •Esophageal stricture		•Hiatal Hernia •Stent •Normal duodenum			•There were no apparent limitations or complications	
F	44	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastroparasis		•Normal mucosa (whole stomach) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	29	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholelithiasis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•Polyp (stomach body, 8 mm to 15 mm) •Abnormal mucosa (pre-pyloric region) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	28	EGD		•Tellezavila Felix			MAC	•Chronic diarrhea		•Esophagitis (gastroesophageal junction) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	44	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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F	59	EGD		•Inamdar Sumant			IV general anesthesia	•Suspected pyloric obstruction ? benign / malignant, Gastric Bypass surgery s/p EDGE - for endoscopic evaluation. Been on NSAID.		•Deformity (pre-pyloric region) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	50	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain		•Abnormal mucosa •Esophagitis (gastroesophageal junction) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	38	EGD		•Tellezavila Felix			MAC	•Esophageal varices without bleeding		•Abnormal mucosa (fundus) •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	48	EGD		•Tellezavila Felix			MAC	•Heartburn		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	82	EGD		•Inamdar Sumant			IV general anesthesia	•Dysphagia •Dyskinesia of esophagus		•Abnormal Motility •Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	70	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Adult hypertrophic pyloric stenosis		•Stenosis (pylorus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	57	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus •Nodule (the noted Barrett's mucosal segment) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
M	74	EGD		•Inamdar Sumant			IV general anesthesia	•Gastric outlet obstruction		•Food (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	79	EGD		•Inamdar Sumant			MAC with IV sedation	•Achalasia		•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	62	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain with suspected duodenitis		•Abnormal mucosa (antrum) •Previous Surgery (stomach body) •Abnormal mucosa (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Pancreatic duct calculus •Abdominal pain		•Abnormal mucosa (antrum) •Abnormal mucosa (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	74	EGD		•Inamdar Sumant			MAC with IV sedation	•Polyp of duodenum •Polyp of stomach and duodenum		•Polyp (stomach body and fundus, 5 mm to 9 mm) •Normal mucosa (whole examined duodenum) •Normal esophagus			•There were no apparent limitations or complications	
F	83	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal dysphagia	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole stomach) •Hiatal Hernia •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	58	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Abnormal mucosa (gastroesophageal junction) •Normal duodenum			•There were no apparent limitations or complications	
F	63	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary sludge with dilated bile ducts, likely papillary stenosis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	43	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant with elevated liver tests suspected biliary stricture •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal mass		•Mass (second part of the duodenum, 3 cm) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	76	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatic cyst •Abdominal pain		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Dyspepsia		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	48	EGD		•Tellezavila Felix			Moderate sedation	•Varices, esophageal	•Fentanyl100 mcg •Versed7 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	47	EGD		•Inamdar Sumant			IV general anesthesia	•Suspected eosinophilic esophagitis •Abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
F	74	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Gastric nodule		•Nodule (cardia) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Stricture of esophagus •Esophageal obstruction		•Gastrostomy (stomach body) •Stent •Normal duodenum			•There were no apparent limitations or complications	
M	67	EGD		•Tellezavila Felix			Moderate sedation	•Chronic or unspecified gastric ulcer with hemorrhage		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	65	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal neuroendocrine tumor		•Abnormal mucosa (duodenal bulb) •Hiatal Hernia •Normal esophagus			•There were no apparent limitations or complications	
F	62	EGD		•Tellezavila Felix			MAC	•Other diseases of stomach and duodenum		•Esophagitis (gastroesophageal junction) •Abnormal mucosa •Ulcer (duodenal bulb)			•There were no apparent limitations or complications	
M	48	EGD		•Inamdar Sumant			MAC with IV sedation	•Variceal screening		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Multiple gastric polyps		•Polyp (cardia, 1 cm) •Abnormal mucosa (cardia) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	54	EGD		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis with papillary stenosis with h/o gastric bypass here for staged EDGE procedure		•Previous Surgery (stomach body) •Additional Finding •Normal esophagus			•There were no apparent limitations or complications	
M	58	EGD		•Tellezavila Felix			MAC	•Abdominal pain		•Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium •Malignant tumor of esophagus		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	35	EGD		•Tellezavila Felix			MAC	•Esophageal dysphagia		•Esophagitis (gastroesophageal junction) •Stricture (lower third of the esophagus)			•There were no apparent limitations or complications	
	57	EGD		•Tellezavila Felix			MAC	•FAP, Ampullary adenoma, PAH, previous ampullectomy, biopsy -ve		•Normal mucosa (whole examined duodenum) •Polyp (fundus and stomach body, 2 mm to 3 mm) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	49	EGD		•Tellezavila Felix			MAC	•Esophageal obstruction		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Stricture (upper third of the esophagus)			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			Moderate sedation	•Epigastric pain •Unexplained weight loss	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa (Z-line and gastroesophageal junction) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	30	EGD		•Tellezavila Felix			Moderate sedation	•FAP follow up		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Polyp (stomach body and fundus, 2 mm to 8 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	60	EGD		•Inamdar Sumant			MAC with IV sedation	•Pancreatic divisum •Recurrent pancreatitis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	40	EGD		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal mass		•Previous Surgery (anastomosis) •Normal mucosa (whole stomach) •Normal duodenum			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			MAC with IV sedation	•HCC with abdominal pain for fiducial placement		•Abnormal mucosa (antrum) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	60	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas •Abdominal pain		•Polyp (second part of the duodenum, 1 cm to 1.5 cm) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	42	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Nausea and vomiting		•Stenosis (pylorus) •Stenosis (pylorus) •Abnormal mucosa (antrum) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
M	54	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal pain •Biliary sticture		•Abnormal mucosa (antrum) •Stricture (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	41	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (stomach body and antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	47	EGD		•Inamdar Sumant			IV general anesthesia	•PSC with biliary stricture		•Varices (lower third of the esophagus) •Polyp (antrum, 5 mm) •Normal duodenum			•There were no apparent limitations or complications	
	76	EGD		•Inamdar Sumant			MAC with IV sedation	•Biliary dilation •Abdominal pain		•Previous Surgery (stomach body) •Additional Finding •Normal esophagus			•There were no apparent limitations or complications	
	60	EGD		•Tellezavila Felix			Moderate sedation	•variceal screening	•Fentanyl50 mcg •Versed4 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (fundus and stomach body)			•There were no apparent limitations or complications	
M	78	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal mass		•Additional Finding •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
	72	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Anastomotic biliary stricture		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	78	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa (antrum) •Abnormal mucosa (duodenal bulb and second part of the duodenum) •Normal esophagus			•There were no apparent limitations or complications	
M	33	EGD		•Tellezavila Felix			IV general anesthesia	•Pancreatic necrosis		•Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	32	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	61	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl100 mcg •Versed5 mg	•Varices (lower third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	48	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole examined duodenum) •Polyp (stomach body, 2 mm) •Abnormal mucosa •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	82	EGD		•Inamdar Sumant			IV general anesthesia	•Barrett's esophagus with high grade dysplasia		•Barrett's Esophagus •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	43	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	90	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Pancreatic cyst		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	28	EGD		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	66	EGD		•Tellezavila Felix			MAC	•Barrett's Esophagus		•Normal mucosa (whole stomach) •Barrett's Esophagus •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	43	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis		•Previous Surgery (stomach body) •Additional Finding •Normal esophagus			•There were no apparent limitations or complications	
M	75	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Obstructive jaundice •Mass of pancreas		•Abnormal mucosa (antrum) •Stenosis (first part of the duodenum) •Normal esophagus			•There were no apparent limitations or complications	
F	49	EGD		•Tellezavila Felix			Moderate sedation	•screening varices		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	24	EGD		•Tellezavila Felix			Moderate sedation	•abdominal pain	•Fentanyl75 mcg •Versed9 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	74	EGD		•Inamdar Sumant			Moderate sedation	•GI Bleed	•Fentanyl50 mcg •Versed4 mg	•Varices (fundus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	60	EGD		•Tellezavila Felix			MAC	•Abdominal pain		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	77	EGD		•Tellezavila Felix			IV general anesthesia	•Surveillance postEMR in duodenum		•Normal mucosa (whole esophagus) •Normal mucosa (rest of the bulb, second portion of duodenum and rest of the bulb and second portion of duodenum) •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	65	EGD		•Tellezavila Felix			IV general anesthesia	•Barretts disease, High grade dysplasia, PEG tube , previously patient refused surgery, 2018 chemotherapy, thickening of esophagus on imaging		•Normal mucosa (whole examined duodenum) •foreign body (antrum and fundus) •Barrett's Esophagus •Barrett's Esophagus			•There were no apparent limitations or complications	
M	35	EGD		•Inamdar Sumant			Moderate sedation	•Variceal screening	•Fentanyl1200 mcg •Benadryl50 mg •Versed10 mg	•Abnormal mucosa (stomach body) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	61	EGD		•Tellezavila Felix			MAC	•Barrett's esophagus without dysplasia		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	65	EGD		•Tellezavila Felix			MAC	•gastric wall thickness		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Nodule (antrum)			•There were no apparent limitations or complications	
M	47	EGD		•Tellezavila Felix			Moderate sedation	•GEJ mass		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Nodule (cardia)			•There were no apparent limitations or complications	
F	87	EGD		•Inamdar Sumant			Moderate sedation	•GI Bleed	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Blood (stomach body and fundus)			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			Moderate sedation	•GI Bleed	•Fentanyl150 mcg •Versed6 mg	•Ulcer (pre-pyloric region) •Ulcer (pre-pyloric region) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	77	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal neuroendocrine tumor •Abdominal pain		•Polyp (duodenal bulb, 8 mm) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	66	EGD		•Tellezavila Felix			Moderate sedation	•diarrhea	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	60	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Plaque (upper third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	48	EGD		•Tellezavila Felix			Moderate sedation	•anemia		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	65	EGD		•Inamdar Sumant			IV general anesthesia	•Ivor Lewis 2019 for esophageal cancer, tumor recurrence in liver, RCC 2021 - left nephrectomy- EUS for peripancreatic lymph node •Esophageal obstruction		•Stricture •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	53	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric cancer		•Mass (duodenal bulb, 2 cm) •Gastrostomy (stomach body) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	69	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Peripancreatic mass		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	43	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal polyp		•Abnormal mucosa (antrum) •Abnormal mucosa (gastroesophageal junction) •Polyp (second part of the duodenum, 5 mm)			•There were no apparent limitations or complications	
M	40	EGD		•Inamdar Sumant			IV general anesthesia	•Esophageal obstruction •Dysphagia		•Stricture (lower third of the esophagus) •Stricture (lower third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	55	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Abdominal pain		•Abnormal mucosa (antrum) •Abnormal mucosa (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	57	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed4 mg	•Ulcer (second part of the duodenum) •Ulcer (second part of the duodenum) •Blood (antrum) •foreign body (area of the papilla) •Normal esophagus			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			Moderate sedation	•Coffee ground emesis	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa (stomach body and antrum) •Normal duodenum •Normal esophagus. NG tube in place			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			Moderate sedation	•Coffee ground emesis	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	33	EGD		•Tellezavila Felix			Moderate sedation	•dysphagia	•Fentanyl75 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	63	EGD		•Tellezavila Felix			Moderate sedation	•Varices, esophageal	•Fentanyl75 mcg •Benadryl25 mg •Versed4 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
	44	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •PSC s/p liver transplant with dilated ducts		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	50	EGD		•Tellezavila Felix			MAC	•Other diseases of stomach and duodenum		•Previous Surgery (upper third of the esophagus) •Previous Surgery (upper third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	23	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl125 mcg •Benadryl25 mg •Versed7 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum and stomach body)			•There were no apparent limitations or complications	
F	49	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl125 mcg •Benadryl25 mg •Versed6 mg	•Abnormal mucosa (fundus and stomach body) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	68	EGD		•Inamdar Sumant			IV general anesthesia	•Barrett's Epithelium		•Barrett's Esophagus •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	62	EGD		•Tellezavila Felix			MAC	•Gastrointestinal hemorrhage, unspecified		•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	24	EGD		•Inamdar Sumant			IV general anesthesia	•Familial multiple polyposis syndrome		•Polyp (stomach body and fundus, 5 mm to 8 mm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			IV general anesthesia	•GI Bleed		•Blood (stomach body and fundus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	62	EGD		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas •Abdominal pain		•Barrett's Esophagus •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	46	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Benadryl25 mg •Versed4 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	70	EGD		•Tellezavila Felix			MAC	•dysphagia		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	51	EGD		•Tellezavila Felix			Moderate sedation	•anemia		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction) •Barrett's Esophagus			•There were no apparent limitations or complications	
F	59	EGD		•Tellezavila Felix			Moderate sedation	•gastric non-healing ulcer		•Normal mucosa (whole examined duodenum) •Deformity (pre-pyloric region) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	45	EGD		•Inamdar Sumant			IV general anesthesia	•GI Bleed		•Blood (fundus) •Ulcer (fundus) •Ulcer (fundus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	72	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Mallory Weiss (cardia)			•There were no apparent limitations or complications	
F	68	EGD		•Inamdar Sumant			Moderate sedation	•Cirrhosis, unspecified •Anemia of unknown etiology	•Fentanyl50 mcg •Versed4 mg	•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
	42	EGD		•Inamdar Sumant			IV general anesthesia	•OLT for NASH Cirrhosis 5/21, suspected bile leak for attempted ERCP		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	59	EGD		•Tellezavila Felix			IV general anesthesia	•remove esophageal stent		•foreign body (antrum) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			IV general anesthesia	•GI Bleed		•Ulcer (cardia) •Ulcer (cardia) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	63	EGD		•Tellezavila Felix			Moderate sedation							
F	62	EGD		•Tellezavila Felix			IV general anesthesia	•Submucosal tumor of stomach		•Normal mucosa (whole examined duodenum) •Previous Surgery (fundus) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	64	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa (gastroesophageal junction and lower third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	80	EGD		•Inamdar Sumant			Moderate sedation	•Coffee ground emesis	•Fentanyl50 mcg •Versed2 mg	•Gastrostomy (stomach body) •Esophagitis (gastroesophageal junction, lower third of the esophagus and middle third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	75	EGD		•Inamdar Sumant			Moderate sedation	•GI Bleed		•Abnormal mucosa •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
M	75	EGD		•Inamdar Sumant			Moderate sedation	•Coffee ground emesis	•Fentanyl50 mcg •Versed3 mg	•Esophagitis (gastroesophageal junction) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	70	EGD		•Inamdar Sumant			IV general anesthesia	•Barretts esophagus with dysplasia		•Barrett's Esophagus •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Family history of pancreatic cancer with BRCA 2 mutation		•Polyp (3 mm to 5 mm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes level •Liver transplant status •Abdominal pain •Biliary stent extraction		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			Moderate sedation	•Dysphagia	•Fentanyl100 mcg •Versed5 mg	•Mass (gastroesophageal junction and lower third of the esophagus, 7 cm) •Deformity (pre-pyloric region) •Normal duodenum			•There were no apparent limitations or complications	
F	73	EGD		•Inamdar Sumant			IV general anesthesia	•Pre pyloric ulcer follow up, asymptomatic, black stools on iron supplements, no weight loss, says she had colonoscopy a year ago		•Abnormal mucosa (antrum) •Deformity (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			Moderate sedation	•Barrett's esophagus with esophageal cancer						
F	34	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	88	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed3 mg	•Varices (fundus) •Abnormal mucosa (duodenal bulb) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	69	EGD		•Inamdar Sumant			Moderate sedation	•Dysphagia	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa (stomach body and antrum) •Normal duodenum			•There were no apparent limitations or complications	
	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Reflux, abdominal pain, diarrhea, no wt loss, Renal Tx on immunosuppressants, Severe necrotizing pancreatitis in 2015		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	50	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia	•Fentanyl75 mcg •Benadryl25 mg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	57	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	45	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, oral phase		•Abnormal mucosa (Z-line and gastroesophageal junction) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	43	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis		•Abnormal mucosa (antrum) •Previous Surgery •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	57	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •High risk pancreatic cancer screening		•Normal mucosa (whole stomach) •Abnormal mucosa (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
	83	EGD		•Inamdar Sumant			IV general anesthesia	•Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	35	EGD		•Tellezavila Felix			MAC	•Esophageal obstruction		•Normal mucosa (whole examined duodenum) •Stricture (lower third of the esophagus) •Normal mucosa (whole stomach) •Esophagitis (gastroesophageal junction) •Candidiasis (upper third of the esophagus)			•There were no apparent limitations or complications	
F	32	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa (stomach body) •Normal duodenum •Normal esophagus. No esophageal varices			•There were no apparent limitations or complications	
M	86	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis	•Fentanyl50 mcg •Versed3 mg	•Deformity (pre-pyloric region) •Ulcer (duodenal bulb) •Ulcer (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
F	85	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal pain •Anemia	•Fentanyl100 mcg •Versed5 mg	•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	52	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis	•Fentanyl150 mcg •Versed7 mg	•Abnormal mucosa (stomach body) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	67	EGD		•Tellezavila Felix			MAC	•Non dysplastic BE on EMR, C3M9 - for Barretts eradication, Dysphagia ? stricture		•Normal mucosa (whole stomach) •Hiatal Hernia •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	79	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal pain	•Fentanyl100 mcg •Versed5 mg	•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	79	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis	•Fentanyl50 mcg •Versed4 mg	•Angioectasia (cardia) •Angioectasia (cardia) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Hiatal Hernia •Barrett's Esophagus •Normal duodenum			•There were no apparent limitations or complications	
M	69	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's esophagus with dysplasia, unspecified		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Abnormal mucosa (area of the papilla and papilla major)			•There were no apparent limitations or complications	
M	66	EGD		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	28	EGD		•Inamdar Sumant			IV general anesthesia	•Papillary stenosis, RUQ pain, elevated liver tests		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	64	EGD		•Tellezavila Felix			Moderate sedation	•Cirrhosis, unspecified		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Abnormal mucosa •Hiatal Hernia			•There were no apparent limitations or complications	
F	74	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	54	EGD		•Tellezavila Felix			Moderate sedation	•dysphagia		•Esophagitis (gastroesophageal junction) •Normal mucosa (whole examined duodenum) •Stricture (gastroesophageal junction) •Abnormal mucosa			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	49	EGD		•Tellezavila Felix			Moderate sedation	•Crohn's disease of the small bowel and colon	•Fentanyl75 mcg •Benadryl25 mg •Versed7 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
	75	EGD		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	49	EGD		•Inamdar Sumant			MAC with IV sedation	•Diaphragmatic hernia without obstruction or gangrene •Barrett's esophagus without dysplasia		•Barrett's Esophagus •Hiatal Hernia •Food (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•Varices (lower third of the esophagus) •Polyp (fundus, 8 mm) •Normal duodenum			•There were no apparent limitations or complications	
	70	EGD		•Tellezavila Felix			Moderate sedation	•anemia	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	45	EGD		•Tellezavila Felix			Moderate sedation	•Nausea and vomiting		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	55	EGD		•Tellezavila Felix			MAC	•Groove pancreatitis		•Normal mucosa (whole esophagus) •Abnormal mucosa (second part of the duodenum) •Abnormal mucosa (stomach body)			•There were no apparent limitations or complications	
	67	EGD		•Tellezavila Felix			Moderate sedation	•Other diseases of stomach and duodenum		•Abnormal mucosa (pre-pyloric region) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	43	EGD		•Tellezavila Felix			Moderate sedation	•FAP, ampullary adenoma, post Ampullectomy, chronic pancreatitis, good response to previous CPB, currently asymptomatic	•Cefazolin2 gm	•Polyp (antrum, fundus and stomach body, 1 mm to 10 mm) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	47	EGD		•Inamdar Sumant			Moderate sedation	•Coffee ground emesis	•Fentanyl200 mcg •Benadryl50 mg •Versed10 mg	•Previous Surgery (stomach body) •Stricture •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	66	EGD		•Tellezavila Felix			MAC	•Polyp of stomach and duodenum		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			Moderate sedation	•Melena •Gastric antral vascular ectasia (GAVE)	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa •Hiatal Hernia •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			IV general anesthesia	•Walled off pancreatic necrosis		•Deformity (duodenal bulb and second part of the duodenum) •Varices (fundus) •Normal esophagus			•There were no apparent limitations or complications	
M	68	EGD		•Tellezavila Felix			Moderate sedation	•Barrett's esophagus without dysplasia		•Barrett's Esophagus •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	75	EGD		•Inamdar Sumant			MAC with IV sedation	•Pancreatic cancer screening. Sister and father had pancreatic cancer		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Previous Surgery (stomach body) •Additional Finding •Normal esophagus			•There were no apparent limitations or complications	
F	61	EGD		•Inamdar Sumant			MAC with IV sedation	•Barretts esophagus, Low / HG dysplasia, Eliquis on hold, 5cm Hiatus hernia		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium;LGD in 8/2020 on EMR		•Barrett's Esophagus			•There were no apparent limitations or complications	
F	24	EGD		•Inamdar Sumant			IV general anesthesia	•Gastric ulcers x 2		•Abnormal mucosa (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	71	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	64	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl75 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum and stomach body)			•There were no apparent limitations or complications	
F	84	EGD		•Tellezavila Felix			Moderate sedation	•anemia	•Fentanyl50 mcg •Versed4 mg	•Hiatal Hernia •Normal mucosa (whole examined duodenum) •Scar (antrum)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	63	EGD		•Tellezavila Felix			Moderate sedation	•GERD	•Fentanyl75 mcg •Benadryl25 mg •Versed6 mg	•Hiatal Hernia •Barrett's Esophagus •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp / mass		•Nodule (pylorus) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric subepithelial lesion		•Abnormal mucosa (pre-pyloric region) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	35	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Severe necrotizing pancreatitis with GOO s/p GJ bypass		•Previous Surgery (stomach body) •Abnormal mucosa (antrum) •Stenosis (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
M	80	EGD		•Inamdar Sumant			IV general anesthesia	•Ampullary cancer •Abdominal pain •Biliary stricture		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	43	EGD		•Tellezavila Felix			IV general anesthesia	•Esophageal varices without bleeding		•Abnormal mucosa (antrum, fundus and stomach body) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	54	EGD		•Inamdar Sumant			IV general anesthesia	•Esophageal varices with bleeding		•Abnormal mucosa •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	71	EGD		•Tellezavila Felix			IV general anesthesia	•CT of abdomen abnormal		•Barrett's Esophagus •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	61	EGD		•Tellezavila Felix			IV general anesthesia	•subepithelial lesion in the stomach		•Diverticulum (gastroesophageal junction) •Normal mucosa (whole examined duodenum) •Polyp (fundus, 5 mm)			•There were no apparent limitations or complications	
F	44	EGD		•Tellezavila Felix			Moderate sedation	•epigastric pain	•Fentanyl75 mcg •Versed6 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

Procedures Log

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	71	EGD		•Inamdar Sumant			IV general anesthesia	•OLT, suspected anastomotic stricture, abdominal pain, obstructive jaundice.		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	62	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Hiatal Hernia •Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	70	EGD		•Tellezavila Felix			Moderate sedation	•Cirrhosis	•Fentanyl75 mcg •Versed5 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	83	EGD		•Tellezavila Felix			MAC	•melena, anemia		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	65	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Pancreatitis, chronic		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	22	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (stomach body) •Gastrostomy (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	65	EGD		•Tellezavila Felix			MAC	•Dysphagia, previously dilated		•Normal mucosa (whole examined duodenum) •Hiatal Hernia •Stricture (gastroesophageal junction) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
	68	EGD		•Inamdar Sumant			IV general anesthesia	•GERD •Barrett's esophagus without dysplasia		•Barrett's Esophagus •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric subepithelial lesion		•Nodule (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Necrosis of pancreas		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	57	EGD		•Inamdar Sumant			MAC with IV sedation	•Thickened gastric folds seen on endoscopy		•Abnormal mucosa (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

Procedures Log

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F	60	EGD		•Tellezavila Felix			MAC	•Esophageal dysphagia		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal neuroendocrine tomor •Dysphagia		•Normal mucosa (whole esophagus) •Polyp (second part of the duodenum, 4 mm) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	64	EGD		•Tellezavila Felix			Moderate sedation	•Barrett's esophagus	•Fentanyl75 mcg •Versed5 mg	•Hiatal Hernia •Barrett's Esophagus •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	54	EGD		•Inamdar Sumant			IV general anesthesia	•Esophageal varices with bleeding		•Abnormal mucosa (stomach body) •Abnormal mucosa •Normal duodenum			•There were no apparent limitations or complications	
F	73	EGD		•Inamdar Sumant			Moderate sedation	•Squamous metastasis		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
	57	EGD		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	64	EGD		•Inamdar Sumant			IV general anesthesia	•Suspected gastroparesis, pyloric stenosis ?? Malnutrition for J tube replacement		•Normal duodenum. The J-be was noted in the duodenum. •Normal esophagus •Normal stomach. The pylorus was dilated to 20 mm and 100 units of Botox injected.			•There were no apparent limitations or complications	
M	77	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal obstruction •Malignant tumor of esophagus		•Mass (lower third of the esophagus, 6 cm) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	50	EGD		•Inamdar Sumant			IV general anesthesia	•Cholelithiasis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	49	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastroparesis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

Procedures Log

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F	67	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl50 mcg •Versed4 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
M	41	EGD		•Inamdar Sumant			IV general anesthesia	•Obstructive hyperbilirubinemia •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	38	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	54	EGD		•Inamdar Sumant			MAC with IV sedation	•Nausea and vomiting •Gastroparesis		•Normal mucosa (whole stomach) •Normal mucosa (whole stomach) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	74	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, achalasia, duodenal diverticulum		•Abnormal Motility •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	32	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal subepithelial nodule		•Nodule (lower third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	49	EGD		•Tellezavila Felix			MAC	•Esophageal obstruction		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Stricture (upper third of the esophagus)			•There were no apparent limitations or complications	
F	73	EGD		•Tellezavila Felix			MAC	•Polyp of stomach and duodenum		•Polyp (incisura of the stomach, 3 mm) •Polyp (stomach body, 5 mm) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	44	EGD		•Tellezavila Felix			MAC	•"prominent major papilla"		•Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	66	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal subepithelial lesion		•Additional Finding •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	39	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal dysphagia	•Fentanyl125 mcg •Benadryl25 mg •Versed9 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Hiatal Hernia •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	55	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Pancreatic cyst		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	41	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver enzymes level		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Neuroendocrine tumor in duodenum		•Polyp (duodenal bulb, 5 mm) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
	58	EGD		•Inamdar Sumant			IV general anesthesia	•Nausea and vomiting, concerns for gastric outlet obstruction		•Ulcer (duodenal bulb) •Stenosis (second part of the duodenum) •Normal esophagus •Distended stomach with lost of bilious fluid in the stomach. The fluid was suctioned out. There was evidence of gastric outlet obstruction in the duodenum.			•There were no apparent limitations or complications	
M	50	EGD		•Tellezavila Felix			MAC	•anemia		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	55	EGD		•Tellezavila Felix			MAC	•Gardner syndrome		•Previous Surgery (anastomosis) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	32	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Bile leak, post operative		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	76	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal polyp		•Polyp (second part of the duodenum, 5 cm to 6 cm) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	70	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal adenocarcinoma		•Hiatal Hernia •Mass (lower third of the esophagus and gastroesophageal junction, 5 cm) •Normal duodenum			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	57	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Chronic atrophic gastritis without bleeding		•Normal mucosa (whole stomach) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	46	EGD		•Inamdar Sumant			IV general anesthesia	•Dysphagia, other		•Deformity (stomach body) •Previous Surgery (upper third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	39	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	74	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	70	EGD		•Tellezavila Felix			Moderate sedation	•CT of abdomen abnormal	•Fentanyl100 mcg •Benadryl25 mg •Versed9 mg	•Hiatal Hernia •Normal mucosa (whole stomach) •Esophagitis (gastroesophageal junction) •Abnormal mucosa (anterior bulb)			•There were no apparent limitations or complications	
M	63	EGD		•Tellezavila Felix			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed2 mg	•Hiatal Hernia •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	70	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia		•Hiatal Hernia •Esophagitis (gastroesophageal junction, lower third of the esophagus, middle third of the esophagus and upper third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Acute gastric ulcer without hemorrhage or perforation •Polyp, gastric adenomatous		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
	60	EGD		•Inamdar Sumant			IV general anesthesia	•Weight gain •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	26	EGD		•Tellezavila Felix			Moderate sedation	•Mucositis	•Fentanyl50 mcg •Benadryl25 mg •Versed4 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	

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F	64	EGD		•Tellezavila Felix			Moderate sedation	•dysphagia	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum, incisura of the stomach and stomach body) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	56	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			IV general anesthesia	•Walled off pancreatic necrosis	•Cefazolin2 gm	•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	65	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	60	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Chronic pancreatitis		•Abnormal mucosa (antrum) •Esophagitis (gastroesophageal junction) •Normal duodenum			•There were no apparent limitations or complications	
F	57	EGD		•Tellezavila Felix			Moderate sedation	•gastric polyp		•Polyp (pre-pyloric region, 25 mm) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	61	EGD		•Tellezavila Felix			MAC	•Dysphagia		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
M	56	EGD		•Tellezavila Felix			Moderate sedation	•Nausea		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Food (whole stomach) •Barrett's Esophagus			•There were no apparent limitations or complications	
M	62	EGD		•Inamdar Sumant			IV general anesthesia	•Bile leak s/p liver transplant		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	47	EGD		•Tellezavila Felix			MAC	•Prob. Barrett Esophagus		•Barrett's Esophagus •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	

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F	48	EGD		•Tellezavila Felix			MAC	•Other diseases of stomach and duodenum		•Hiatal Hernia •Abnormal mucosa •Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
M	54	EGD		•Tellezavila Felix			MAC	•Dysphagia		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	43	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	63	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding		•Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction) •Varices (lower third of the esophagus) •Abnormal mucosa •Hiatal Hernia			•There were no apparent limitations or complications	
M	29	EGD		•Tellezavila Felix			MAC	•GVHD		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum and stomach body)			•There were no apparent limitations or complications	
	55	EGD		•Inamdar Sumant			MAC with IV sedation	•Biliary stent removal s/p transplant		•Stent (papilla major) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	52	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	70	EGD		•Tellezavila Felix			Moderate sedation	•Other specified diseases of esophagus	•Fentanyl25 mcg •Versed2 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa •Hiatal Hernia			•There were no apparent limitations or complications	
	70	EGD		•Inamdar Sumant			MAC with IV sedation	•Barretts esophagus with dysplasia		•Barrett's Esophagus •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	62	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	48	EGD		•Tellezavila Felix			IV general anesthesia	•foreign body		•foreign body (upper third of the esophagus) •Normal mucosa (whole examined duodenum) •Stricture (upper third of the esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	70	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric ulcer, unsp as acute or chronic, w/o hemor or perf		•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	88	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl25 mcg •Versed2 mg	•Normal mucosa (whole stomach) •Esophagitis (gastroesophageal junction) •Ulcer (duodenal bulb)			•There were no apparent limitations or complications	
F	81	EGD		•Inamdar Sumant			MAC with IV sedation	•Submucosal tumor of stomach •Calcific chronic pancreatitis		•Polyp (stomach body, 5 mm to 8 mm) •Nodule (cardia) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	62	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl75 mcg •Versed7 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
F	69	EGD		•Tellezavila Felix			Moderate sedation	•Barrett Esophagus and Variceal screening	•Fentanyl50 mcg •Versed3 mg	•Varices (lower third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	70	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed4 mg	•Ulcer (stomach body) •Esophagitis (gastroesophageal junction) •Abnormal mucosa (anterior bulb)			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas •Abdominal pain		•Polyp (second part of the duodenum, 1 cm to 1.5 mm) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
M	57	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Thickened gastric folds		•Hiatal Hernia •Food (antrum and stomach body) •Abnormal mucosa (antrum) •Esophagitis (gastroesophageal junction and lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	60	EGD		•Inamdar Sumant			MAC with IV sedation	•Very small leak at PEG site post removal		•Gastrostomy (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	88	EGD		•Tellezavila Felix			Moderate sedation	•GI bleed	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole esophagus) •Deformity (anterior bulb and distal bulb) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	66	EGD		•Tellezavila Felix			MAC	•Barrett's Esophagus		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Barrett's Esophagus			•There were no apparent limitations or complications	
	76	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed4 mg	•Diverticulum (area adjacent to the papilla) •Normal mucosa (whole stomach) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	65	EGD		•Inamdar Sumant			IV anesthesia	•Dysphagia •History of liver transplant, recent pancreatitis, Cholestatic LFT, MRI - ? stricture / mismatch, abdominal pain better. ALP remaining high.		•Abnormal mucosa (antrum) •Additional Finding •Normal duodenum			•There were no apparent limitations or complications	
F	52	EGD		•Inamdar Sumant			IV general anesthesia	•Sub total CCY, Chronic Bile leak despite plastic stents, external drain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	65	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl150 mcg •Versed8 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (fundus)			•There were no apparent limitations or complications	
F	26	EGD		•Tellezavila Felix			Moderate sedation	•gastric wall thickness	•Fentanyl125 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Hiatal Hernia •Enlarged Gastric Folds (antrum) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	

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M	75	EGD		•Inamdar Sumant			IV general anesthesia	•Hemorrhagic cholecystitis •Cirrhosis, unspecified		•Abnormal mucosa (antrum) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	68	EGD		•Tellezavila Felix			Moderate sedation	•Barrett's esophagus		•Normal mucosa (whole examined duodenum) •Barrett's Esophagus •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Polyp (fundus, 5 mm) •Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	59	EGD		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	58	EGD		•Inamdar Sumant			IV general anesthesia	•Esophageal varices without bleeding		•Additional Finding •Varices (lower third of the esophagus) •Abnormal mucosa (stomach body)			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			Moderate sedation	•Variceal screening	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa (stomach body) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	70	EGD		•Inamdar Sumant			Moderate sedation	•Variceal screening •Cirrhosis, unspecified	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa (antrum) •Esophagitis (gastroesophageal junction) •Normal duodenum			•There were no apparent limitations or complications	
	78	EGD		•Inamdar Sumant			Moderate sedation	•Esophageal varices without bleeding •Duodenal (D2) polyp	•Fentanyl100 mcg •Versed5 mg	•Abnormal mucosa •Polyp (second part of the duodenum opposite the ampulla. The ampulla looked normal.) •Varices			•There were no apparent limitations or complications	
M	24	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal pain. Gardner syndrome. H/o duodenal adenoma with low grade dysplasia	•Fentanyl150 mcg •Benadryl50 mg •Versed7 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Abnormal mucosa (duodenal bulb) •Polyp (second part of the duodenum opposite to the ampulla. The ampulla looked oK. Spigelman score 5., 6 mm to 8 mm)			•There were no apparent limitations or complications	
F	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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	30	EGD		•Inamdar Sumant			IV general anesthesia	•h/o UC w/ Proximal biliary stricture on MRCP.		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	36	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	21	EGD		•Inamdar Sumant			MAC with IV sedation	•Subepithelial lesion in the duodenum		•Normal mucosa (whole examined duodenum) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	51	EGD		•Tellezavila Felix			Moderate sedation	•Gastric ulcer, unsp as acute or chronic, w/o hemor or perf		•Normal mucosa (whole examined duodenum) •Previous Surgery (upper third of the esophagus) •Ulcer (near to the anastomosis)			•There were no apparent limitations or complications	
M	59	EGD		•Tellezavila Felix			Moderate sedation	•Varices, esophageal		•Abnormal mucosa (fundus and stomach body) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	22	EGD		•Tellezavila Felix			Moderate sedation	•Nausea and Vomiting	•Fentanyl100 mcg •Benadryl25 mg •Versed10 mg •Zofran4 mg	•Normal mucosa (whole examined duodenum) •Hiatal Hernia •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	50	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatic duct stones vs calcifications •Recurrent pancreatitis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	61	EGD		•Tellezavila Felix			Moderate sedation	•CT of abdomen abnormal	•Fentanyl100 mcg •Versed8 mg	•Hiatal Hernia •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric antral vascular ectasia (GAVE)		•Hiatal Hernia •Food (stomach body) •Angioectasia •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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M	80	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Bile leak		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	60	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Bile leak, post operative		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	67	EGD		•Inamdar Sumant			IV general anesthesia	•Elevated live tests s/p live transplant		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	59	EGD		•Tellezavila Felix			MAC	•Dysphagia		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	65	EGD		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	73	EGD		•Tellezavila Felix			IV general anesthesia	•unsuccessful pass of the EUS scope		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	56	EGD		•Tellezavila Felix			IV general anesthesia	•BE with HGD		•Normal mucosa (whole stomach) •Barrett's Esophagus •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	76	EGD		•Tellezavila Felix			MAC	•Adenoma in duodenum		•Polyp •Abnormal mucosa (incisura of the stomach in the lesser curvature) •Normal mucosa (whole esophagus)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	68	EGD		•Inamdar Sumant			Moderate sedation	•Recurrent pancreatitis- pancreatic divisum s/p pancreatic duct stent placement in Aug 2022, plan to remove stent.	•Cefazolin2 gm •Fentanyl100 mcg •Versed5 mg	•Stent (papilla minor) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	26	EGD		•Tellezavila Felix			Moderate sedation	•Other diseases of stomach and duodenum	•Fentanyl75 mcg •Versed7 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum, incisura of the stomach and stomach body) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	37	EGD		•Tellezavila Felix			Moderate sedation	•Screening varices	•Fentanyl100 mcg •Benadryl25 mg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	

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F	31	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl75 mcg •Versed5 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
F	55	EGD		•Tellezavila Felix			Moderate sedation	•Screening varices	•Fentanyl50 mcg •Versed2 mg	•Food •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	48	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia	•Fentanyl75 mcg •Versed7 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	57	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Gastric nodule		•Nodule (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	56	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Normal mucosa (whole esophagus) •Polyp (antrum, 1 mm to 2 cm) •Normal duodenum			•There were no apparent limitations or complications	
	55	EGD		•Tellezavila Felix			MAC	•Pseudocyst, pancreatic		•foreign body (posterior wall of stomach body) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Polyp (fundus, 2 mm to 2 mm)			•There were no apparent limitations or complications	
M	69	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	69	EGD		•Tellezavila Felix			Moderate sedation	•Antral mass for evaluation and possible resection	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum, incisura of the stomach and stomach body) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	46	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric nodule		•Food (stomach body) •Nodule (fundus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal esophagus			•There were no apparent limitations or complications	
F	25	EGD		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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F	75	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum and stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	59	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal subepithelial lesion •Abdominal pain		•Abnormal mucosa (antrum) •Abnormal mucosa (area of the papilla and papilla major) •Normal esophagus			•There were no apparent limitations or complications	
M	74	EGD		•Inamdar Sumant			MAC with IV sedation	•Pyloric stenosis		•Stenosis (pylorus) •Stenosis (pylorus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	37	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	33	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Hematemesis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	60	EGD		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	61	EGD		•Tellezavila Felix			MAC	•dysphagia		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	64	EGD		•Tellezavila Felix			MAC	•Necrosectomy		•foreign body (stomach body) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	62	EGD		•Inamdar Sumant			Moderate sedation	•Hyperplastic polyp of stomach	•Fentanyl100 mcg •Versed5 mg	•Polyp (2 cm to 4 cm) •Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	43	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pseudocyst, pancreatic		•Abnormal mucosa (antrum) •Barrett's Esophagus •Stenosis (duodenal bulb)			•There were no apparent limitations or complications	
F	73	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatic duct leak s/p Whipple's procedure for ampullary cancer with biliary invasion •Ampullary adenoma		•Previous Surgery (stomach body) •Abnormal mucosa •Normal esophagus			•There were no apparent limitations or complications	
M	49	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Nodule •Normal esophagus			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function tests •Liver replaced by transplant		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	78	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary stricture •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	52	EGD		•Inamdar Sumant			IV general anesthesia	•Impacted , ingrown metal stent in the bile duct •Obstruction of duodenum •Abdominal pain		•Abnormal mucosa (antrum) •Deformity (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
M	41	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices with bleeding	•Fentanyl125 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	43	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Patient here for EGDE closure •Recurrent pancreatitis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	51	EGD		•Tellezavila Felix			Moderate sedation	•Achalasia	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Food •Abnormal Motility			•There were no apparent limitations or complications	
F	89	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	60	EGD		•Inamdar Sumant			MAC with IV sedation	•Submucosal tumor of stomach		•Nodule •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	34	EGD		•Tellezavila Felix			Moderate sedation	•Cirrhosis with esophageal varices	•Fentanyl100 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	

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M	86	EGD		•Inamdar Sumant			Moderate sedation	•Coffee ground emesis	•Benadryl50 mg •Versed4 mg	•Esophagitis (gastroesophageal junction) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	69	EGD		•Tellezavila Felix			MAC	•Barrett esophagus		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Hiatal Hernia •Barrett's Esophagus			•There were no apparent limitations or complications	
F	75	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
F	49	EGD		•Tellezavila Felix			MAC	•Esophageal obstruction		•Stricture (upper third of the esophagus)			•There were no apparent limitations or complications	
F	60	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal esophagus			•There were no apparent limitations or complications	
M	52	EGD		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function •Cirrhosis, unspecified •Liver transplant status		•Abnormal mucosa (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	56	EGD		•Tellezavila Felix •Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Colon cancer with metastasis with gastric outlet obstruction		•Stricture (duodenal bulb) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	46	EGD		•Tellezavila Felix			MAC	•Abdominal pain		•Abnormal mucosa (anterior bulb) •Abnormal mucosa (antrum, pre-pyloric region and stomach body) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	51	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastroparesis •Abdominal pain		•Abnormal mucosa (antrum) •Stenosis (pylorus) •Stenosis (pylorus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	38	EGD		•Tellezavila Felix			MAC	•Abdominal pain		•Abnormal mucosa (antrum, incisura of the stomach and stomach body) •Food (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	75	EGD		•Inamdar Sumant			MAC with IV sedation	•Stricture, esophageal GERD		•Stricture (gastroesophageal junction) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	61	EGD		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant •Candidal esophagitis		•Candidiasis (middle third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	67	EGD		•Inamdar Sumant			Moderate sedation	•Nausea and vomiting	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole stomach) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	67	EGD		•Tellezavila Felix			IV general anesthesia	•Dysphagia, previous EGD dilatation in OSH, On DAPT (held for 48hr)		•Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	25	EGD		•Inamdar Sumant			IV general anesthesia	•Diarrhea •Abdominal pain		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	55	EGD		•Inamdar Sumant			Moderate sedation	•Varices, esophageal	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Food (stomach body) •Varices (lower third of the esophagus and middle third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	47	EGD		•Inamdar Sumant			Moderate sedation	•Nausea, vomiting	•Fentanyl50 mcg •Benadryl50 mg •Versed5 mg	•Ulcer (duodenal bulb and second part of the duodenum) •Stricture (duodenal bulb) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis	•Fentanyl150 mcg •Versed7 mg	•Barrett's Esophagus •Varices (lower third of the esophagus and middle third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
	65	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
	67	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary stricture •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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	36	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis •Melena	•Fentanyl150 mcg •Versed7 mg	•Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Thickened gastric fold		•Enlarged Gastric Folds (cardia) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	73	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	60	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa (antrum) •Abnormal mucosa (distal bulb) •Esophagitis (lower third of the esophagus and middle third of the esophagus)			•There were no apparent limitations or complications	
F	37	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia, other •Gastroesophageal reflux disease	•Fentanyl100 mcg •Versed6 mg	•Additional Finding •Normal mucosa (whole examined duodenum) •Polyp (antrum, 5 mm) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	66	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed6 mg	•Normal duodenum •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	30	EGD		•Tellezavila Felix			Moderate sedation	•GERD	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa (incisura of the stomach, stomach body and antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	54	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Mass of pancreas		•Food (stomach body) •Stenosis (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function •Liver replaced by transplant •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	57	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding •screening varices		•Varices (lower third of the esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	46	EGD		•Inamdar Sumant			IV general anesthesia	•Cyst of pancreas •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	65	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Mass of pancreas		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	59	EGD		•Inamdar Sumant			Moderate sedation	•Dysphagia, oral phase	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal duodenum			•There were no apparent limitations or complications	
F	58	EGD		•Inamdar Sumant			Moderate sedation	•Nausea and vomiting	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	78	EGD		•Tellezavila Felix			MAC	•gastric adenoma		•Polyp (second part of the duodenum and anterior wall, 8 mm) •Normal mucosa (whole esophagus) •Polyp (stomach body at the posterior wall, 7 mm to 10 mm)		•The polyp was completely removed. •The polyp was completely removed.	•There were no apparent limitations or complications	
F	63	EGD		•Tellezavila Felix			Moderate sedation	•Other diseases of stomach and duodenum		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatic duct calculus •Pancreatitis, chronic •Abdominal pain •Pancreatic duct obstruction		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	57	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	39	EGD		•Tellezavila Felix			Moderate sedation	•anemia	•Fentanyl75 mcg •Versed9 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum, incisura of the stomach and stomach body)			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			IV general anesthesia	•Elevated liver function tests •Esophagitis, unspecified •Liver transplant status		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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M	83	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal	•Fentanyl50 mcg •Versed2 mg	•Varices •Additional Finding •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	26	EGD		•Inamdar Sumant			Moderate sedation	•Gastrointestinal hemorrhage, unspecified		•Abnormal mucosa (stomach body and antrum) •Esophagitis (gastroesophageal junction and lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	40	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl75 mcg •Versed6 mg	•Varices (lower third of the esophagus) •Food •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	50	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Polyp (fundus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			Moderate sedation							
F	54	EGD		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis with papillary stenosis with h/o gastric bypass here EUS / ERCP s/p staged EDGE procedure		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	60	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant recipient •Abdominal pain •Bile leak, post operative		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage, unspecified •Melena	•Fentanyl100 mcg •Versed7 mg	•Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	50	EGD		•Anastasiou Ioannis •Inamdar Sumant			Moderate sedation	•GI bleed requiring more than 4 units of blood in 24 hours, ICU, or surgery •Gastric bypass with bleeding in excluded stomach here for EUS guided gastro-gastrostomy creation		•Abnormal mucosa •Ulcer (duodenal bulb) •Ulcer (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
F	92	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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M	79	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage, unspecified	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole esophagus) •Food (stomach body)			•There were no apparent limitations or complications	
F	81	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia, other	•Fentanyl100 mcg	•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	79	EGD		•Anastasiou Ioannis			Moderate sedation	•Odynophagia	•Fentanyl50 mcg •Versed4 mg	•Hiatal Hernia •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	37	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	33	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia, other	•Fentanyl100 mcg •Versed7 mg	•Abnormal mucosa (stomach body and antrum) •Normal mucosa (whole esophagus) •Abnormal mucosa (second part of the duodenum)			•There were no apparent limitations or complications	
M	42	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatitis, chronic		•Stenosis (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	63	EGD		•Inamdar Sumant			MAC with IV sedation	•Intramucosal cancer on biopsy s/p resection		•Abnormal mucosa (Z-line and gastroesophageal junction) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
M	48	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa (stomach body)			•There were no apparent limitations or complications	
M	47	EGD		•Inamdar Sumant			IV general anesthesia	•Obstruction of duodenum		•Deformity (pre-pyloric region) •Stricture (first part of the duodenum) •Normal esophagus			•There were no apparent limitations or complications	
M	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastro-esophageal reflux dis with esophagitis, without bleed •Other esophagitis without bleeding	•Fentanyl100 mcg •Versed9 mg	•Additional Finding			•There were no apparent limitations or complications	

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M	66	EGD		•Inamdar Sumant			IV general anesthesia	•Abnormal CT scan •Acquired dilation of bile duct		•Previous Surgery (lower third of the esophagus) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
F	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology •Cirrhosis, unspecified •Varices, esophageal	•Fentanyl50 mcg •Versed7 mg	•Varices (lower third of the esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	45	EGD		•Anastasiou Ioannis			Moderate sedation	•bloody vomiting •Esophageal varices without bleeding	•Fentanyl150 mcg •Versed10 mg	•Abnormal mucosa (antrum and stomach body) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			IV general anesthesia	•Walled off pancreatic necrosis	•Cefazolin2 gm	•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	37	EGD		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	42	EGD		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia	•Fentanyl100 mcg •Versed7 mg	•Varices (lower third of the esophagus) •Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	46	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•Normal mucosa (whole stomach) •Abnormal mucosa (Z-line and gastroesophageal junction) •Normal duodenum			•There were no apparent limitations or complications	
	57	EGD		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	39	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD •Dysphagia, other	•Fentanyl100 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

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M	64	EGD		•Inamdar Sumant			IV general anesthesia	•Polyp of stomach and duodenum		•Polyp •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	54	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl100 mcg •Benadryl25 mg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			IV general anesthesia	•Contained perforation •Esophagus cancer	•Cefazolin2 gm	•Ulcer •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	49	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis	•Fentanyl100 mcg •Versed9 mg	•Abnormal mucosa •Abnormal mucosa •Abnormal mucosa (gastroesophageal junction)			•There were no apparent limitations or complications	
	42	EGD		•Tellezavila Felix			MAC	•Cirrhosis, alcoholic		•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	40	EGD		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	20	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	55	EGD		•Tellezavila Felix			MAC	•Esophageal varices without bleeding		•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding •Abnormal mucosa			•There were no apparent limitations or complications	
F	59	EGD		•Tellezavila Felix			Moderate sedation	•Nausea/vomiting	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole esophagus) •Previous Surgery			•There were no apparent limitations or complications	
M	48	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis, unspecified	•Fentanyl50 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	

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F	59	EGD		•Inamdar Sumant			IV general anesthesia	•5-6cm involving at least 60-70% of circumference and starting from ampulla. For attempted ampullectomy. Patient refused Whipple in the past.		•Diverticulum (Major papilla) •Abnormal mucosa (antrum) •Polyp •Normal esophagus			•There were no apparent limitations or complications	
M	60	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (duodenal bulb) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
	76	EGD		•Tellezavila Felix			Moderate sedation	•Hematochezia	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal obstruction •Dysphagia, pharyngoesophageal phase		•Stricture •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Epigastric pain	•Fentanyl100 mcg •Versed6 mg	•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	50	EGD		•Tellezavila Felix			IV general anesthesia	•GI bleeding		•Varices (lower third of the esophagus) •Blood (fundus, stomach body and antrum) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis, unspecified	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
	54	EGD		•Inamdar Sumant			Moderate sedation	•Esophageal varices with bleeding	•Fentanyl100 mcg •Benadryl50 mg •Versed6 mg	•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	43	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Esophageal dysphagia	•Fentanyl100 mcg •Versed8 mg	•Abnormal mucosa (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	67	EGD		•Inamdar Sumant			IV general anesthesia	•Elevated live tests s/p live transplant		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	41	EGD		•Tellezavila Felix			Moderate sedation	•Other diseases of stomach and duodenum	•Fentanyl75 mcg •Benadryl25 mg •Versed6 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices with bleeding •Gastrointestinal hemorrhage, unspecified		•Abnormal mucosa			•There were no apparent limitations or complications	
M	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	79	EGD		•Tellezavila Felix			Moderate sedation	•Other diseases of stomach and duodenum	•Fentanyl50 mcg •Versed6 mg	•Esophagitis (gastroesophageal junction, lower third of the esophagus and middle third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis, unspecified	•Fentanyl50 mcg •Versed6 mg	•Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	49	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl125 mcg •Benadryl25 mg •Versed8 mg	•Previous Surgery (stomach body) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	69	EGD		•Tellezavila Felix			Moderate sedation	•melena	•Fentanyl100 mcg •Versed6 mg	•Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	52	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastroparesis •Nausea and vomiting •Abdominal pain •Gastroparesis	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	42	EGD		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia, Hb 2 on arrival •Iron deficiency anemia, Hb 2 on arrival, previous colonoscopy - hemorrhoids	•Fentanyl100 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	34	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis, unspecified	•Fentanyl100 mcg •Versed5 mg	•Food •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	62	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD •Esophageal dysphagia	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	39	EGD		•Tellezavila Felix			Moderate sedation	•melena	•Fentanyl50 mcg •Versed5 mg	•Previous Surgery (whole stomach) •Normal mucosa (whole examined duodenum) •Abnormal mucosa •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
	65	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting •GERD	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Ulcer (antrum)			•There were no apparent limitations or complications	
F	84	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastrointestinal stromal tumor		•Nodule •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	54	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	77	EGD		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	91	EGD		•Inamdar Sumant			MAC with IV sedation	•Suspected ampullary mass		•Polyp (papilla major, 2 cm to 1 cm) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	77	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	32	EGD		•Inamdar Sumant			MAC with IV sedation	•History of gastroparesis •Abdominal pain		•Abnormal mucosa (antrum) •Stenosis (pylorus) •Stenosis (pylorus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	57	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	54	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	51	EGD		•Tellezavila Felix			Moderate sedation	•Hematemesis	•Fentanyl100 mcg •Versed4 mg	•Normal mucosa (whole esophagus) •Blood (fundus and stomach body) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	77	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia	•Fentanyl75 mcg •Versed6 mg	•Abnormal mucosa •Stricture (gastroesophageal junction) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	80	EGD		•Inamdar Sumant			IV general anesthesia	•Ampullary cancer •Biliary stricture		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	65	EGD		•Inamdar Sumant			MAC with IV sedation	•Nausea and vomiting		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	58	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	76	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	33	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Versed7 mg	•Varices (lower third of the esophagus) •Abnormal mucosa (fundus and stomach body) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	76	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal •Esophageal varices without bleeding	•Fentanyl100 mcg •Versed9 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas •Barrett's esophagus without dysplasia		•Barrett's Esophagus •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	66	EGD		•Anastasiou Ioannis			Moderate sedation	•biliary leak •PSC s/p liver transplant		•Normal duodenum •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	69	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding		•Abnormal mucosa •Varices (lower third of the esophagus and middle third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	60	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices with bleeding	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	64	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	75	EGD		•Inamdar Sumant			MAC with IV sedation	•Submucosal tumor of stomach		•Nodule •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Malignant tumor of esophagus •Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Helicobacter pylori infection •Left upper quadrant abdominal pain		•Normal mucosa (whole examined duodenum) •Food (stomach body) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding •Varices, esophageal		•Varices (lower third of the esophagus) •Normal mucosa (whole stomach) •Normal duodenum			•There were no apparent limitations or complications	
F	60	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole stomach) •Esophagitis (gastroesophageal junction) •Hiatal Hernia •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	65	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastrointestinal hemorrhage, unspecified		•Additional Finding •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	30	EGD		•Tellezavila Felix			Moderate sedation	•n/v	•Fentanyl100 mcg •Benadryl50 mg •Versed9 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	61	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric ulcer / mass		•Ulcer (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	46	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary sludge, gallstone pancreatitis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	75	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			IV general anesthesia	•Walled off pancreatic necrosis •Gastric varices		•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	69	EGD		•Tellezavila Felix			Moderate sedation	•n/v	•Fentanyl50 mcg •Benadryl25 mg •Versed4 mg	•Abnormal mucosa (antrum and incisura of the stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	44	EGD		•Inamdar Sumant			MAC with IV sedation	•Nausea and vomiting •Abdominal pain		•Abnormal mucosa (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	30	EGD		•Tellezavila Felix			Moderate sedation	•Melena	•Fentanyl100 mcg	•Hiatal Hernia •Abnormal mucosa •Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	43	EGD		•Tellezavila Felix			MAC	•Hematemesis		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	67	EGD		•Tellezavila Felix			IV general anesthesia	•Infected Necrosis		•Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa (duodenal bulb) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	38	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis	•Fentanyl50 mcg •Versed2 mg	•Abnormal mucosa (stomach body) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	80	EGD		•Tellezavila Felix			MAC	•duodenal polyp		•Polyp (second part of the duodenum, 4 cm) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	32	EGD		•Anastasiou Ioannis			Moderate sedation	•Sepsis		•Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	63	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed5 mg	•Varices (lower third of the esophagus) •Angioectasia (first part of the duodenum and second part of the duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			IV general anesthesia	•Esophageal obstruction •Stricture of esophagus		•Stricture •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	85	EGD		•Anastasiou Ioannis			Moderate sedation	•Ulcer, gastric with hemorrhage	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole stomach) •Ulcer (duodenal bulb) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			IV general anesthesia	•Dilated bile duct •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	56	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia, etiology unknown	•Versed3 mg	•Abnormal mucosa •Ulcer (duodenal bulb and second part of duodenum ulcers (inferior to the major papilla) Forrest IIa with non bleeding visible vessels noted) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	75	EGD		•Anastasiou Ioannis			Moderate sedation	•CT of abdomen abnormal	•Fentanyl50 mcg •Versed5 mg	•Polyp (fundus, stomach body and pylorus, 3 mm to 8 mm) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	38	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis •Esophageal varices without bleeding		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus) •Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	66	EGD		•Tellezavila Felix			MAC	•Barrett's esophagus without dysplasia		•Barrett's Esophagus				
F	62	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Stricture (upper third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	63	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant status		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	62	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD •Esophageal dysphagia		•Ring (gastroesophageal junction) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
	67	EGD		•Tellezavila Felix			Moderate sedation	•Portal hypertension		•Normal mucosa (whole esophagus) •Abnormal mucosa •Ulcer (duodenal bulb)			•There were no apparent limitations or complications	
	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia, other	•Fentanyl100 mcg •Versed4 mg	•Abnormal mucosa •Abnormal mucosa (duodenal bulb. Drain noted in the duodenal bulb.) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	55	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia	•Fentanyl150 mcg •Versed7 mg	•Additional Finding			•There were no apparent limitations or complications	
F	81	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Versed2 mg	•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	65	EGD		•Anastasiou Ioannis			Moderate sedation	•Cancer with unknown primary site	•Fentanyl100 mcg •Versed4 mg	•Abnormal mucosa •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	84	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia, other	•Versed3 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum and stomach body) •Abnormal mucosa			•There were no apparent limitations or complications	
F	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis •Nausea and vomiting	•Fentanyl100 mcg •Versed10 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage, unspecified •Hematemesis		•Additional Finding			•There were no apparent limitations or complications	
F	57	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal with hemorrhage	•Fentanyl100 mcg •Versed5 mg	•Varices (lower third of the esophagus) •Abnormal mucosa •Normal duodenum			•There were no apparent limitations or complications	
F	64	EGD		•Inamdar Sumant			IV general anesthesia	•Cholangiocarcinoma		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	80	EGD		•Tellezavila Felix			Moderate sedation	•Prob. ampulloma		•Normal mucosa (whole examined duodenum and papilla major)			•There were no apparent limitations or complications	
	76	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	61	EGD		•Tellezavila Felix			MAC	•Prob. pancreatic cyst						
M	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastro-esophageal reflux dis with esophagitis, without bleed	•Fentanyl150 mcg •Benadryl25 mg •Versed7 mg	•Additional Finding •Normal mucosa (whole stomach) •Normal duodenum			•There were no apparent limitations or complications	
M	76	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
	79	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary sludge		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	27	EGD		•Anastasiou Ioannis			Moderate sedation	•Foreign body, gastric •Foreign body in stomach, initial encounter		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
F	73	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis, unspecified	•Fentanyl100 mcg •Versed7 mg	•Varices (lower third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	35	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology	•Fentanyl100 mcg •Versed5 mg	•Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	34	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	26	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant for PSC with worsening liver tests		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Hemoptysis, unspecified •Cirrhosis, unspecified	•Fentanyl100 mcg •Versed8 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	82	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia	•Versed2 mg	•Abnormal mucosa (antrum) •Additional Finding •Abnormal mucosa			•There were no apparent limitations or complications	
M	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis		•Abnormal mucosa •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
	57	EGD		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test and cholangitis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	30	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis •Gastritis, unspecified, without bleeding	•Fentanyl150 mcg •Versed5 mg	•Abnormal mucosa •Normal mucosa (whole esophagus) •Additional Finding •Abnormal mucosa (antrum and stomach body)			•There were no apparent limitations or complications	
M	61	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal nodule		•Scar (duodenal bulb) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
	60	EGD		•Inamdar Sumant			MAC with IV sedation	•Barretts esophagus with dysplasia		•Normal mucosa (whole esophagus) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
M	65	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl75 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
F	60	EGD		•Tellezavila Felix			Moderate sedation	•GERD	•Fentanyl75 mcg •Versed5 mg	•Abnormal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	36	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	73	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	80	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena •GERD	•Versed3 mg	•Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	54	EGD		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis with papillary stenosis with h/o gastric bypass here EUS / ERCP s/p staged EDGE procedure		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	71	EGD		•Anastasiou Ioannis			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	52	EGD		•Tellezavila Felix			Moderate sedation	•variceal screening	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Colon cancer screening (low/average risk) •Iron deficiency anemia		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Abnormal mucosa			•There were no apparent limitations or complications	
M	65	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed6 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
M	59	EGD		•Tellezavila Felix			MAC	•gastric polyps		•Normal mucosa (whole esophagus) •Polyp (antrum, 5 mm to 8 mm) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
F	59	EGD		•Tellezavila Felix			IV general anesthesia	•Esophageal dysphagia		•Abnormal mucosa •Esophagitis (gastroesophageal junction) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Helicobacter pylori infection •GERD	•Fentanyl100 mcg •Versed8 mg	•Abnormal mucosa •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	63	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's esophagus, due for surveillance endoscopy		•Previous Surgery (stomach body) •Abnormal mucosa (area at and just proximal to the squamo-columnar junction) •Normal duodenum			•There were no apparent limitations or complications	
	69	EGD		•Tellezavila Felix			MAC	•Barrett's esophagus without dysplasia		•Esophagitis (gastroesophageal junction and lower third of the esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Hiatal Hernia			•There were no apparent limitations or complications	
M	61	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal		•Additional Finding			•There were no apparent limitations or complications	
F	72	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal	•Fentanyl50 mcg •Versed2 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices with bleeding		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	30	EGD		•Tellezavila Felix			MAC	•GERD		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	27	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastroparesis		•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (stomach body)			•There were no apparent limitations or complications	
	67	EGD		•Tellezavila Felix			MAC	•GERD		•Normal mucosa (whole examined duodenum) •Hiatal Hernia •Abnormal mucosa			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	82	EGD		•Inamdar Sumant			MAC with IV sedation	•Squamous cell cancer of the esophagus s/p chemotherapy and radiation		•Hiatal Hernia •Ulcer (middle third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	36	EGD		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative •Post DCD OLT		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	60	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's esophagus without dysplasia		•Barrett's Esophagus			•There were no apparent limitations or complications	
F	66	EGD		•Inamdar Sumant			IV general anesthesia	•Gastric bypass with anastomotic stricture and gastric outlet obstruction	•Cefazolin2 gm	•Abnormal mucosa (stomach body) •Previous Surgery •Abnormal mucosa (stomach body and antrum) •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	72	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Abnormal finding on imaging	•Fentanyl150 mcg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (stomach body)			•There were no apparent limitations or complications	
F	38	EGD		•Inamdar Sumant			IV general anesthesia	•Cholelithiasis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	69	EGD		•Inamdar Sumant			MAC with IV sedation	•Squamous cell cancer of upper esophagus		•Abnormal mucosa (upper third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal	•Fentanyl100 mcg •Benadryl25 mg •Versed7 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	71	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage, unspecified	•Fentanyl50 mcg •Versed4 mg	•Additional Finding •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	42	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastroparesis	•Fentanyl150 mcg •Benadryl25 mg •Versed5 mg	•Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole examined duodenum) •Abnormal mucosa (stomach body)			•There were no apparent limitations or complications	
F	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology	•Fentanyl100 mcg •Versed6 mg	•Additional Finding •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal findings on imaging test •Melena	•Fentanyl50 mcg •Versed6 mg	•Abnormal mucosa •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
F	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl50 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
F	49	EGD		•Tellezavila Felix			MAC	•Esophageal obstruction		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Stricture (upper third of the esophagus)			•There were no apparent limitations or complications	
M	88	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia		•Previous Surgery (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	65	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage, unspecified	•Fentanyl50 mcg •Versed4 mg	•Additional Finding •Abnormal mucosa •Additional Finding			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			IV general anesthesia	•Candidal esophagitis •Elevated liver enzymes level •Liver transplant status		•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia, other	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Candidiasis (middle third of the esophagus and lower third of the esophagus)			•There were no apparent limitations or complications	
M	24	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl100 mcg •Benadryl25 mg •Versed5 mg	•Additional Finding •Normal mucosa (whole esophagus) •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
M	51	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal mass		•Abnormal mucosa (duodenal bulb and second part of the duodenum) •Mass (lower third of the esophagus and gastroesophageal junction, 8 cm) •Normal stomach			•There were no apparent limitations or complications	
M	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal findings on dx imaging of prt digestive tract •Abdominal pain		•Additional Finding •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	61	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett esophagus	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	31	EGD		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia •Pancreatitis, chronic	•Fentanyl50 mcg •Benadryl25 mg •Versed5 mg	•Abnormal mucosa (antrum and stomach body) •Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	81	EGD		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	68	EGD		•Anastasiou Ioannis •Inamdar Sumant			Moderate sedation	•History of Roux-en-Y gastric bypass		•Additional Finding •Normal esophagus			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed6 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			IV general anesthesia	•Gastric antral vascular ectasia (GAVE) •Diaphragmatic hernia without obstruction or gangrene		•Angioectasia •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	33	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	83	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	82	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	65	EGD		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia •Melena	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	55	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Abdominal pain		•Abnormal mucosa (antrum) •Stricture (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
F	46	EGD		•Tellezavila Felix			IV general anesthesia	•Cyst of pancreas		•Normal mucosa (whole esophagus) •foreign body			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Versed2 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	57	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed5 mg	•Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	49	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices with bleeding		•Normal mucosa (whole examined duodenum) •Additional Finding •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	52	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	69	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal cancer at GE junction		•Mass (gastroesophageal junction, 5 cm) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	37	EGD		•Tellezavila Felix			Moderate sedation	•screening varices		•Abnormal mucosa (fundus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Dilated bile duct		•Additional Finding •Abnormal mucosa (antrum) •Normal mucosa (second part of the duodenum and area of the papilla) •Normal esophagus			•There were no apparent limitations or complications	
M	52	EGD		•Tellezavila Felix			Moderate sedation	•Gastroparesis		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	48	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis, unspecified •Esophageal varices without bleeding	•Fentanyl100 mcg •Versed5 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging	•Fentanyl50 mcg •Versed5 mg	•Additional Finding •Normal mucosa (whole stomach) •Abnormal mucosa			•There were no apparent limitations or complications	
	61	EGD		•Inamdar Sumant			IV general anesthesia	•OLT, suspected biliary stricture •Anemia, acute blood loss		•Polyp (cardia, 6 mm) •Polyp (cardia, 6 mm) •Polyp (cardia, 6 mm) •Food (stomach body) •Normal duodenum •Normal esophagus		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	65	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD	•Fentanyl150 mcg •Benadryl25 mg •Versed9 mg	•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			IV general anesthesia	•Walled off pancreatic necrosis		•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	50	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl50 mcg •Benadryl25 mg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum and pre-pyloric region)			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•GE junction mass •Esophageal obstruction	•Fentanyl50 mcg •Versed4 mg	•Additional Finding •Additional Finding			•There were no apparent limitations or complications	
	39	EGD		•Tellezavila Felix			Moderate sedation	•Dyspepsia	•Fentanyl50 mcg •Benadryl25 mg •Versed5 mg	•Abnormal mucosa (antrum, incisura of the stomach and pre-pyloric region) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	65	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl75 mcg •Versed6 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum, pylorus and stomach body) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	50	EGD		•Tellezavila Felix			MAC	•Chronic GERD		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Additional Finding •Abnormal mucosa			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	38	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena •Esophageal varices without bleeding	•Fentanyl100 mcg •Versed7 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
	83	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
	39	EGD		•Tellezavila Felix			MAC	•Varices, esophageal		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	61	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	64	EGD		•Tellezavila Felix			MAC	•esophageal stenosis		•Stricture (upper third of the esophagus)			•There were no apparent limitations or complications	
F	35	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia, other	•Fentanyl50 mcg •Benadryl25 mg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	84	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal weight loss •Abdominal pain	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	68	EGD		•Tellezavila Felix			MAC	•Barrett's esophagus without dysplasia		•Polyp (fundus, 2 mm to 3 mm) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Walled off pancreatic necrosis •Gastric varices		•Normal mucosa (whole esophagus) •Additional Finding •Normal duodenum			•There were no apparent limitations or complications	
F	71	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Choledocholithiasis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	63	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric subepithelial lesion		•Nodule (fundus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	62	EGD		•Inamdar Sumant			IV general anesthesia	•Bile leak s/p liver transplant		•Abnormal mucosa (antrum) •Barrett's Esophagus •Normal duodenum			•There were no apparent limitations or complications	
M	44	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD •Other diseases of stomach and duodenum	•Fentanyl50 mcg •Versed9 mg	•Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea •Abdominal pain	•Fentanyl100 mcg •Versed5 mg	•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia, other	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa (stomach body and pylorus) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	74	EGD		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			IV general anesthesia	•Walled off pancreatic necrosis		•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	84	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	41	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver enzymes level		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	80	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	36	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Varices (lower third of the esophagus) •Abnormal mucosa (pylorus and stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	36	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	53	EGD		•Inamdar Sumant			IV general anesthesia	•Walled off pancreatic necrosis		•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	83	EGD		•Anastasiou Ioannis			Moderate sedation	•Other specified diseases of biliary tract •Abdominal pain •Mass of ampulla of Vater		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Generalized abdominal pain	•Fentanyl100 mcg •Versed6 mg	•Abnormal mucosa •Hiatal Hernia •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•Polyp (fundus and stomach body, 5 mm to 9 mm) •Polyp (pre-pyloric region, 4 cm to 5 cm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding •Cirrhosis, unspecified	•Versed5 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	55	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	44	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	28	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Right upper quadrant abdominal pain	•Fentanyl100 mcg •Benadryl50 mg •Versed8 mg	•Abnormal mucosa (antrum and stomach body) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	50	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholelithiasis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis, unspecified •Varices, esophageal	•Fentanyl50 mcg •Versed5 mg	•Additional Finding •Food •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	76	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Mass of pancreas •Obstructive jaundice		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	52	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Polyp of stomach and duodenum		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	56	EGD		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•Previous Surgery (stomach body) •Varices (lower third of the esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	30	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding •Melena •Gastric varices •JAK2 mutation, PCRV, PVT	•Fentanyl100 mcg •Benadryl25 mg •Versed7 mg	•Normal mucosa (whole esophagus) •Additional Finding •Varices (cardia) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	74	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			IV general anesthesia	•Dysphagia		•Candidiasis (middle third of the esophagus and upper third of the esophagus) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			IV general anesthesia	•Walled off pancreatic necrosis	•Cefazolin2 gm	•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	47	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal cancer		•Mass (cardia, 6 cm) •Mass (gastroesophageal junction, 6 cm) •Normal duodenum			•There were no apparent limitations or complications	
F	57	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis		•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	56	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (Z-line and gastroesophageal junction) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	60	EGD		•Inamdar Sumant			IV general anesthesia	•Adult hypertrophic pyloric stenosis •Pancreatitis, chronic •Abdominal pain		•Stenosis (pylorus) •Previous Surgery (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus without dysplasia	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal	•Fentanyl50 mcg •Versed5 mg	•Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	54	EGD		•Inamdar Sumant			MAC with IV sedation	•Polyp of duodenum		•Previous Surgery (stomach body) •Polyp (distal bulb, 6 mm to 8 mm) •Hiatal Hernia			•There were no apparent limitations or complications	
F	73	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding •Varices, esophageal		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	60	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal obstruction		•Additional Finding •Stricture (anastomosis)			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary stricture •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal	•Fentanyl100 mcg •Versed7 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Previous Surgery (stomach body) •Additional Finding •Normal esophagus			•There were no apparent limitations or complications	
	40	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Cyst of pancreas		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia	•Fentanyl100 mcg •Versed7 mg	•Additional Finding •Abnormal mucosa (gastroesophageal junction) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	51	EGD		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	71	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal	•Fentanyl150 mcg •Versed5 mg	•Abnormal mucosa (antrum) •Normal mucosa (whole stomach) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Gastrointestinal hemorrhage, unspecified •Vomiting	•Fentanyl150 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole stomach) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Adult hypertrophic pyloric stenosis	•Fentanyl150 mcg •Benadryl50 mg •Versed10 mg	•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Liver transplanted	•Versed5 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal	•Fentanyl1100 mcg •Benadryl50 mg •Versed9 mg	•Normal mucosa (whole stomach) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	69	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD	•Fentanyl1100 mcg •Benadryl50 mg •Versed9 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Additional Finding			•There were no apparent limitations or complications	
F	42	EGD		•Inamdar Sumant			Moderate sedation	•GERD	•Fentanyl150 mcg •Versed4 mg	•Abnormal mucosa (antrum) •Hiatal Hernia •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	74	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia •Esophageal obstruction		•Abnormal mucosa •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	65	EGD		•Inamdar Sumant			Moderate sedation	•Esophageal and gastric varix for follow up. •Gastric varices	•Fentanyl150 mcg •Versed4 mg	•Varices (lower third of the esophagus) •Abnormal mucosa •Normal duodenum			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	29	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Coffee ground emesis	•Fentanyl100 mcg •Versed5 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	74	EGD		•Inamdar Sumant			Moderate sedation	•Coffee ground emesis	•Fentanyl50 mcg •Versed3 mg	•Hiatal Hernia •Abnormal mucosa (gastroesophageal junction) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	41	EGD		•Inamdar Sumant			IV general anesthesia	•Pseudocyst, pancreatic •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	61	EGD		•Inamdar Sumant			MAC with IV sedation	•Barretts esophagus, Low / HG dysplasia, Eliquis on hold, 5cm Hiatus hernia		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	82	EGD		•Inamdar Sumant			Moderate sedation	•Mass of pancreas		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	77	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology •Esophageal varices without bleeding	•Fentanyl50 mcg •Versed6 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	67	EGD		•Tellezavila Felix			IV general anesthesia	•Necrosectomy	•Cefazolin2 gm	•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	33	EGD		•Inamdar Sumant			MAC with IV sedation	•GERD		•Normal mucosa (whole examined duodenum) •Fluid (stomach body) •Normal esophagus			•There were no apparent limitations or complications	
F	66	EGD		•Tellezavila Felix			MAC	•Barrett's Esophagus		•Normal mucosa (whole examined duodenum) •Barrett's Esophagus •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	70	EGD		•Tellezavila Felix			MAC	•High gastrin levels		•Hiatal Hernia •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Polyp (fundus, 2 mm to 3 mm)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	81	EGD		•Inamdar Sumant			Moderate sedation	•GI Bleed- duodenal bleed on CT	•Fentanyl100 mcg •Versed5 mg	•Abnormal mucosa •Normal mucosa (whole stomach) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	62	EGD		•Tellezavila Felix			MAC	•CT of abdomen abnormal		•Previous Surgery (anastomosis) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	53	EGD		•Inamdar Sumant			Moderate sedation	•Nausea and vomiting	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole stomach) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	43	EGD		•Inamdar Sumant			Moderate sedation	•Cirrhotic, NASH, h/o Varices, previously banded, BRBPR with Hb drop, PLT 59	•Fentanyl150 mcg •Versed9 mg	•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	44	EGD		•Tellezavila Felix			MAC	•GERD		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's Epithelium		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Hiatal Hernia •Barrett's Esophagus •Additional Finding			•There were no apparent limitations or complications	
M	62	EGD		•Inamdar Sumant			Moderate sedation	•Varices, esophageal	•Fentanyl50 mcg •Versed4 mg	•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
M	46	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	86	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Abnormal mucosa (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
M	51	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl50 mcg •Benadryl25 mg •Versed4 mg	•Varices (lower third of the esophagus) •Previous Surgery •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	65	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	43	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal findings on dx imaging of prt digestive tract •Chronic pancreatitis, H/o biliary stents, abdominal pain, cholestatic LFT, NI CA 199		•Additional Finding •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	72	EGD		•Tellezavila Felix			MAC	•screening varices		•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
	48	EGD		•Inamdar Sumant			Moderate sedation	•Barrett's Epithelium	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Hiatal Hernia •Barrett's Esophagus •Normal duodenum			•There were no apparent limitations or complications	
	68	EGD		•Inamdar Sumant			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa (stomach body) •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	22	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Ulcer (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •dysphagia •Dyskinesia of esophagus		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	49	EGD		•Inamdar Sumant			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa (stomach body) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	61	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	38	EGD		•Tellezavila Felix			MAC	•portal vein thrombosis. chronic pancreatitis (hereditary). No cirrhosis. Variceal screening.		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	73	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia, other		•Stricture (upper third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	72	EGD		•Anastasiou Ioannis			Moderate sedation	•Postprandial epigastric pain	•Fentanyl150 mcg •Benadryl25 mg •Versed5 mg	•Normal mucosa (whole esophagus) •Food •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia	•Fentanyl50 mcg •Benadryl25 mg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	69	EGD		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa (duodenal bulb and second part of the duodenum) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	19	EGD		•Tellezavila Felix			MAC	•Esophageal dysphagia		•Normal mucosa (whole examined duodenum) •Barrett's Esophagus •Normal mucosa (whole stomach) •Normal mucosa (rest of whole esophagus)			•There were no apparent limitations or complications	
	53	EGD		•Inamdar Sumant			Moderate sedation	•Nausea and vomiting	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
	55	EGD		•Anastasiou Ioannis			Moderate sedation	•Polyp of stomach and duodenum •Adenoma of duodenum •FAP, suspected duodenal adenoma, Ampullary adenoma for consideration of appropriateness of endoscopic resection - ampullectomy	•Fentanyl150 mcg •Benadryl50 mg •Versed7 mg	•Polyp (5 mm) •Polyp (5 mm) •Normal mucosa (whole stomach) •Additional Finding •Normal mucosa (whole esophagus)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	44	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	69	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Food impaction of esophagus •Obstruction of esophagus due to food impaction		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
M	75	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus with dysplasia		•Additional Finding •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	77	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia, other		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	66	EGD		•Anastasiou Ioannis			Moderate sedation	•previous esophageal varices needing banding •Variceal surveillance		•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			IV general anesthesia	•Barrett's Epithelium;LGD in 8/2020 on EMR		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	34	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	70	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Additional Finding •Previous Surgery (stomach body) •Normal esophagus			•There were no apparent limitations or complications	
M	44	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	34	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	76	EGD		•Inamdar Sumant			IV general anesthesia	•Ampullary polyp •Abdominal pain		•Polyp (stomach body, 8 mm to 9 mm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	65	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	77	EGD		•Anastasiou Ioannis			Moderate sedation	•Polyp of duodenum		•Abnormal mucosa (antrum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	50	EGD		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	69	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			IV general anesthesia	•Esophagus cancer •Contained perforation	•Cefazolin2 gm	•Abnormal mucosa •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	73	EGD		•Inamdar Sumant			IV general anesthesia	•biliary stent dysfunction •Esophageal varices with bleeding		•Varices (lower third of the esophagus) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
F	74	EGD		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice •Abdominal pain		•Stenosis (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	44	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal dysphagia	•Fentanyl75 mcg •Benadryl25 mg •Versed7 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia, etiology unknown	•Fentanyl50 mcg •Versed5 mg	•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	60	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl75 mcg •Versed6 mg	•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (Z-line and gastroesophageal junction) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	66	EGD		•Tellezavila Felix			MAC	•nodule in D2		•Normal mucosa (whole stomach) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	45	EGD		•Tellezavila Felix			MAC	•CT of abdomen abnormal		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum, pre-pyloric region and incisura of the stomach) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	76	EGD		•Tellezavila Felix			MAC	•Esophageal dysphagia		•Normal mucosa (whole examined duodenum) •Nodule (fundus) •Diverticulum (middle third of the esophagus)			•There were no apparent limitations or complications	
F	43	EGD		•Inamdar Sumant			Moderate sedation	•Nausea and vomiting	•Fentanyl50 mcg •Versed3 mg	•Esophagitis (gastroesophageal junction and lower third of the esophagus) •Food (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	43	EGD		•Tellezavila Felix			MAC	•SEL in stomach		•Normal mucosa (whole esophagus) •Nodule (cardia) •Polyp (stomach body, 2 mm to 12 mm) •Normal mucosa (whole examined duodenum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	74	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal dysphagia		•Normal mucosa (whole examined duodenum) •Candidiasis (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	75	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed3 mg	•Ulcer (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	56	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Versed7 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	60	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Hiatal Hernia •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	72	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl50 mcg •Versed5 mg	•Esophagitis (gastroesophageal junction) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	50	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl75 mcg •Versed5 mg	•Varices •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas •Abdominal pain		•Food (stomach body) •Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	48	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa •Candidiasis •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	80	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal dysphagia	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Necrosectomy •Cyst of pancreas		•Abnormal mucosa •Abnormal mucosa (duodenal bulb and distal bulb) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	43	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Abnormal mucosa (anterior bulb)			•There were no apparent limitations or complications	
M	64	EGD		•Tellezavila Felix			Moderate sedation	•Portal Hypertension	•Fentanyl75 mcg •Versed5 mg	•Abnormal mucosa •Esophagitis (gastroesophageal junction) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Subepithelial gastric mass		•Nodule (cardia) •Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	56	EGD		•Inamdar Sumant			IV general anesthesia	•Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
F	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Polyp of stomach and duodenum		•Normal mucosa (whole esophagus) •Diverticulum (Major papilla) •Polyp (antrum, 4 cm) •Polyp (antrum, 4 cm) •Additional Finding •Additional Finding		•The polyp was completely removed.	•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Generalized abdominal pain		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	76	EGD		•Inamdar Sumant			IV general anesthesia	•Cricopharyngeal bar		•Stenosis (cricopharyngeus) •Stenosis (pylorus) •Normal duodenum			•There were no apparent limitations or complications	
M	41	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	48	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl100 mcg •Benadryl25 mg •Versed7 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	35	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl100 mcg •Versed9 mg	•Barrett's Esophagus •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Previous Surgery			•There were no apparent limitations or complications	
	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, pharyngoesophageal phase		•Stricture •Previous Surgery •Normal duodenum			•There were no apparent limitations or complications	
F	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Nodule (the noted Barrett's mucosal segment and gastroesophageal junction) •Previous Surgery (cardia) •Barrett's Esophagus •Normal duodenum			•There were no apparent limitations or complications	
M	30	EGD		•Inamdar Sumant			Moderate sedation	•Admitted with hematemesis and melena	•Fentanyl150 mcg •Benadryl50 mg •Versed8 mg	•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	38	EGD		•Inamdar Sumant			Moderate sedation	•Macrocytic anemia, Nausea, vomiting and diarrhea. Mother with h/o celiac disease	•Fentanyl150 mcg •Benadryl50 mg •Versed8 mg	•Esophagitis (gastroesophageal junction, lower third of the esophagus and middle third of the esophagus) •Normal mucosa (whole examined duodenum) •Hiatal Hernia			•There were no apparent limitations or complications	
F	44	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal pain •Pancreatic stent removal	•Fentanyl150 mcg •Benadryl50 mg •Versed7 mg	•Normal mucosa (whole examined duodenum) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	80	EGD		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology •Melena		•Ulcer (pre-pyloric region) •Abnormal mucosa (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
M	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	78	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia		•Normal mucosa (whole stomach) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal		•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	55	EGD		•Tellezavila Felix			Moderate sedation							
F	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Polyp of duodenum		•Normal mucosa (whole esophagus) •Abnormal mucosa •Polyp (1.5 cm) •Additional Finding			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal obstruction		•Gastrostomy (stomach body) •Stricture (upper third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	79	EGD		•Tellezavila Felix			MAC	•GI bleeding		•Abnormal mucosa •Varices (lower third of the esophagus) •Ulcer (duodenal bulb)			•There were no apparent limitations or complications	
	57	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl150 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	63	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	26	EGD		•Inamdar Sumant			IV general anesthesia	•Barrett's Epithelium		•Previous Surgery (cardia) •Barrett's Esophagus •Normal duodenum			•There were no apparent limitations or complications	
M	34	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Benadryl50 mg •Versed10 mg	•Abnormal mucosa (duodenal bulb) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	35	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal cancer		•Mass (gastroesophageal junction, 2 cm) •Abnormal mucosa (stomach body, fundus and cardia) •Normal duodenum			•There were no apparent limitations or complications	
M	32	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices with bleeding	•Fentanyl50 mcg •Versed7 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	63	EGD		•Tellezavila Felix			MAC	•SEL esophagus		•Normal mucosa (whole examined duodenum) •Nodule •Normal mucosa (whole stomach) •Nodule (middle third of the esophagus)			•There were no apparent limitations or complications	
	43	EGD		•Tellezavila Felix			MAC	•FAP, ampullary adenoma, post Ampullectomy, chronic pancreatitis, good response to previous CPB, currently asymptomatic		•Normal mucosa (whole esophagus) •Polyp (fundus and stomach body, 1 mm to 12 mm) •Normal mucosa (whole examined duodenum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis	•Fentanyl100 mcg •Versed7 mg	•Additional Finding •Abnormal mucosa (stomach body and antrum) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Ulcer (pre-pyloric region) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	51	EGD		•Tellezavila Felix			Moderate sedation	•GI Bleed	•Fentanyl50 mcg •Versed3 mg	•Ulcer (middle third of the esophagus, lower third of the esophagus and upper third of the esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	59	EGD		•Tellezavila Felix			Moderate sedation	•CT of abdomen abnormal	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Nodule (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	55	EGD		•Inamdar Sumant			MAC with IV sedation	•GERD		•Normal mucosa (whole esophagus) •Stricture (gastroesophageal junction) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
F	64	EGD		•Tellezavila Felix			Moderate sedation	•Hematemesis	•Fentanyl75 mcg •Versed6 mg	•Hiatal Hernia •Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	66	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal adenoma •Dysphagia		•Normal mucosa (whole esophagus) •Polyp (duodenal sweep, 8 mm) •Normal stomach			•There were no apparent limitations or complications	
M	43	EGD		•Anastasiou Ioannis			Moderate sedation	•Subepithelial gastric lesion •Abdominal pain		•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	35	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl200 mcg •Benadryl50 mg •Versed10 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	56	EGD		•Anastasiou Ioannis			Moderate sedation	•Loss of weight •Helicobacter pylori infection		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus) •Hiatal Hernia			•There were no apparent limitations or complications	
F	79	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding		•Ulcer (duodenal bulb) •Varices (middle third of the esophagus and lower third of the esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Barretts esophagus with dysplasia		•Normal mucosa (whole stomach) •Additional Finding •Barrett's Esophagus •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	84	EGD		•Tellezavila Felix			Moderate sedation	•Gi bleeding	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Ulcer (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	81	EGD		•Tellezavila Felix			MAC	•Barrett's esophagus without dysplasia		•Normal mucosa (whole examined duodenum) •Barrett's Esophagus •Polyp (fundus, 2 mm to 3 mm)			•There were no apparent limitations or complications	
	56	EGD		•Tellezavila Felix			MAC	•BE with HGD		•Barrett's Esophagus			•There were no apparent limitations or complications	
	25	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding •Varices, esophageal		•Varices (lower third of the esophagus) •Additional Finding •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	76	EGD		•Tellezavila Felix			IV general anesthesia	•Esophageal dysphagia		•Normal mucosa (whole stomach) •Stricture (upper third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Varices (lower third of the esophagus) •Additional Finding •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	71	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding •Other diseases of stomach and duodenum		•Additional Finding •Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	29	EGD		•Anastasiou Ioannis			Moderate sedation	•Right upper quadrant abdominal pain •Crohn disease		•Additional Finding •Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	26	EGD		•Tellezavila Felix			IV general anesthesia	•Hematemesis		•Blood (whole stomach) •Varices (lower third of the esophagus)				
F	46	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed8 mg	•Abnormal mucosa •Abnormal mucosa (whole stomach) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Diarrhea		•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	31	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	69	EGD		•Tellezavila Felix			Moderate sedation	•Anemia of unknown etiology	•Fentanyl75 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Angioectasia (fundus) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	60	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed3 mg	•Hiatal Hernia •Polyp (second part of the duodenum, 3 mm) •Esophagitis (gastroesophageal junction and lower third of the esophagus) •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
M	59	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed5 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	69	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed3 mg	•Varices (lower third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (fundus)			•There were no apparent limitations or complications	
F	36	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	71	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Hiatal Hernia •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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M	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Barretts esophagus with dysplasia		•Nodule (the noted Barrett's mucosal segment) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	59	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	71	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Versed10 mg	•Esophagitis (gastroesophageal junction) •Ulcer (anterior bulb in the genu) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	65	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Additional Finding •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	45	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Abnormal mucosa (gastroesophageal junction and lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	75	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Stricture (gastroesophageal junction) •Stricture (gastroesophageal junction) •Previous Surgery •Normal duodenum			•There were no apparent limitations or complications	
	52	EGD		•Inamdar Sumant			MAC with IV sedation	•Polyp, gastric adenomatous		•Polyp (stomach body, 5 mm to 1.5 cm) •Additional Finding •Stricture (gastroesophageal junction)			•There were no apparent limitations or complications	
M	53	EGD		•Tellezavila Felix			Moderate sedation	•CT of abdomen abnormal	•Fentanyl100 mcg •Versed7 mg	•Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	32	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Bile leak		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	56	EGD		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function tests •Cyst of pancreas •Abdominal pain		•Abnormal mucosa (antrum) •Food (stomach body and antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	65	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices •Hematemesis	•Versed2 mg	•Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	62	EGD		•Tellezavila Felix			Moderate sedation	•Melena	•Fentanyl125 mcg •Versed8 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	30	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Versed7 mg	•Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	70	EGD		•Tellezavila Felix			Moderate sedation	•Portal hypertension	•Fentanyl50 mcg •Versed5 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Varices (cardia and fundus)			•There were no apparent limitations or complications	
F	26	EGD		•Inamdar Sumant			IV general anesthesia	•Worsening LFT ? blocked Stent •Nausea and vomiting		•Blood (stomach body) •Normal mucosa (whole examined duodenum) •Normal esophagus			•There were no apparent limitations or complications	
M	36	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal	•Fentanyl150 mcg •Versed8 mg	•Additional Finding •Additional Finding •Additional Finding •Abnormal mucosa			•There were no apparent limitations or complications	
F	62	EGD		•Anastasiou Ioannis			Moderate sedation	•melena		•Additional Finding •Normal mucosa (whole stomach) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	60	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary sludge		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	48	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	70	EGD		•Tellezavila Felix			IV general anesthesia	•Gastric varices		•Varices (fundus) •Normal mucosa (whole esophagus) •Blood (fundus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	50	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Ulcer (cardia)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	78	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric ulcer, unsp as acute or chronic, w/o hemor or perf		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Polyp of duodenum		•Normal mucosa (whole esophagus) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	47	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	71	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •OLT, suspected anastomotic stricture, abdominal pain, obstructive jaundice.		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Right upper quadrant abdominal pain •Biliary obstruction		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Previous Surgery (cardia) •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	79	EGD		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	36	EGD		•Tellezavila Felix			Moderate sedation	•Foreign body ingestion		•Normal mucosa (whole esophagus) •foreign body			•There were no apparent limitations or complications	
F	36	EGD		•Tellezavila Felix			Moderate sedation	•Foreign body ingestion		•foreign body (lower third of the esophagus)			•There were no apparent limitations or complications	
M	89	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Stricture (gastroesophageal junction) •Stricture (gastroesophageal junction) •Previous Surgery (cardia) •Normal duodenum			•There were no apparent limitations or complications	
F	62	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	56	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl100 mcg •Versed9 mg	•Normal mucosa (whole esophagus) •Previous Surgery •Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric antral vascular ectasia (GAVE)		•Angioectasia (antrum and cardia) •Hiatal Hernia •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	76	EGD		•Inamdar Sumant			MAC with IV sedation	•Abnormal PET scan •Suspected gastric mass		•Ulcer (fundus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	38	EGD		•Tellezavila Felix			Moderate sedation	•Gastroparesis and dysphagia	•Fentanyl100 mcg •Benadryl25 mg •Versed8 mg	•Normal mucosa (whole esophagus) •Food (fundus and stomach body) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Additional Finding •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	44	EGD		•Tellezavila Felix			Moderate sedation	•melena	•Fentanyl75 mcg •Versed8 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric intestinal metaplasia		•Normal mucosa (whole stomach) •Additional Finding •Abnormal mucosa (Z-line and gastroesophageal junction) •Normal mucosa (whole stomach) •Normal duodenum			•There were no apparent limitations or complications	
F	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Varices, esophageal		•Abnormal mucosa (stomach body) •Additional Finding •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	44	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Benadryl25 mg •Versed7 mg	•Esophagitis (gastroesophageal junction and lower third of the esophagus)			•There were no apparent limitations or complications	
F	46	EGD		•Anastasiou Ioannis			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	26	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting		•Normal mucosa (whole esophagus) •Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed7 mg	•Abnormal mucosa •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	43	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia	•Fentanyl100 mcg •Versed8 mg	•Additional Finding •Abnormal mucosa •Additional Finding •Abnormal mucosa			•There were no apparent limitations or complications	
F	82	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Follicular lymphoma		•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	42	EGD		•Tellezavila Felix			Moderate sedation	•FAP - Gardners syndrome, Duodenal polyps for assessment and possible resection, ? ampullary involvement		•Polyp (fundus and stomach body, 2 mm to 8 mm) •Normal mucosa (whole esophagus) •Polyp (papilla major, 3 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	75	EGD		•Anastasiou Ioannis			Moderate sedation	•Mass of pancreas		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
F	80	EGD		•Tellezavila Felix			IV general anesthesia	•duodenal polyp		•Abnormal mucosa •Polyp (second part of the duodenum, 4 cm) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	55	EGD		•Tellezavila Felix			Moderate sedation	•SEL in duodenum		•Polyp (fundus) •Abnormal mucosa (Z-line and gastroesophageal junction) •Polyp (Posterior wall of the second part of the duodenum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal stricture •Esophageal dysphagia		•Normal mucosa (whole stomach) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia	•Fentanyl50 mcg •Versed7 mg	•Normal mucosa (whole examined duodenum) •Additional Finding •Abnormal mucosa			•There were no apparent limitations or complications	
	66	EGD		•Tellezavila Felix			IV general anesthesia	•Barrett's Epithelium		•Barrett's Esophagus •Previous Surgery			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	63	EGD		•Tellezavila Felix			Moderate sedation	•N/V	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
F	65	EGD		•Inamdar Sumant			IV general anesthesia	•History of liver transplant, recent pancreatitis, Cholestatic LFT, MRI - ? stricture / mismatch, abdominal pain better. History of choking episodes? Achalasia on CT		•Abnormal Motility •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia		•Additional Finding •Abnormal mucosa •Additional Finding			•There were no apparent limitations or complications	
F	37	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	70	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Gastric bypass with biliary stricture, suspicious for malignancy, here s/p EDGE procedure		•Abnormal mucosa (antrum) •Stenosis (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
M	52	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric cancer		•Abnormal mucosa (gastroesophageal junction) •Abnormal mucosa (cardia) •Normal duodenum			•There were no apparent limitations or complications	
	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Nodule (the noted Barrett's mucosal segment) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
M	57	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	68	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed2 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	70	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	50	EGD		•Tellezavila Felix			Moderate sedation	•CT of abdomen abnormal	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Stricture (second part of the duodenum)			•There were no apparent limitations or complications	
F	45	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary obstruction		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			IV general anesthesia	•Papillary stenosis •Biliary sludge •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	69	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl25 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Ulcer (posterior wall of stomach body) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	59	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant with elevation of liver tests •Abdominal pain		•Esophagitis (gastroesophageal junction) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	78	EGD		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas •Abdominal pain		•Esophagitis (gastroesophageal junction, lower third of the esophagus and middle third of the esophagus) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
M	72	EGD		•Tellezavila Felix			MAC	•Esophageal varices without bleeding		•Abnormal mucosa •Varices (fundus) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	78	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia		•Normal mucosa (whole examined duodenum) •Ring (gastroesophageal junction) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
	58	EGD		•Tellezavila Felix			MAC	•Carcinoid tumor of stomach		•Polyp (stomach body (major curvature), 4 mm to 6 mm) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			IV general anesthesia	•Stricture of esophagus •Esophageal obstruction		•Stricture •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	

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M	56	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Fentanyl100 mcg •Versed5 mg	•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	77	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Versed4 mg	•Normal mucosa (whole stomach) •Additional Finding •Hiatal Hernia •Additional Finding •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Right upper quadrant abdominal pain		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	38	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl200 mcg •Versed11 mg	•Additional Finding •Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	44	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
	70	EGD		•Inamdar Sumant			IV general anesthesia	•Barretts esophagus with dysplasia		•Additional Finding			•There were no apparent limitations or complications	
F	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Polyp of stomach		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices		•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa •Additional Finding			•There were no apparent limitations or complications	
M	65	EGD		•Tellezavila Felix			Moderate sedation	•SEL duodenum		•Polyp (stomach body (lesser curvature), 5 mm) •Normal mucosa (whole esophagus) •Polyp (anterior bulb, posterior bulb and genu, 3 mm to 12 mm)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	64	EGD		•Tellezavila Felix			MAC	•Abdominal pain		•Abnormal mucosa (anterior bulb and second part of the duodenum) •Esophagitis (gastroesophageal junction) •Abnormal mucosa (antrum, incisura of the stomach and stomach body)			•There were no apparent limitations or complications	
F	56	EGD		•Tellezavila Felix			IV general anesthesia	•SEL in the stomach		•Food (fundus, pre-pyloric region and stomach body) •Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	69	EGD		•Tellezavila Felix			MAC	•Barrett's esophagus without dysplasia		•Barrett's Esophagus •Normal mucosa (whole examined duodenum) •Barrett's Esophagus •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Epigastric pain		•Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl150 mcg •Versed9 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
	49	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD •Other diseases of stomach and duodenum		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
F	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric polyp		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Epigastric abdominal pain •Crohn's disease of the colon		•Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	77	EGD		•Anastasiou Ioannis			Moderate sedation	•Neuroendocrine neoplasm of small intestine		•Additional Finding •Additional Finding •Normal mucosa (whole esophagus) •Hiatal Hernia			•There were no apparent limitations or complications	

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F	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Subepithelial gastric lesion		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Additional Finding			•There were no apparent limitations or complications	
M	43	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (duodenal bulb) •Barrett's Esophagus •Normal stomach			•There were no apparent limitations or complications	
F	88	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	49	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Abnormal findings on dx imaging of prt digestive tract		•Abnormal mucosa (duodenal bulb and second part of the duodenum) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	55	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal		•Varices (lower third of the esophagus) •Abnormal mucosa •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	62	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Barrett's Esophagus •Normal duodenum			•There were no apparent limitations or complications	
	44	EGD		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	45	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia, etiology unknown		•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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F	36	EGD		•Anastasiou Ioannis			Moderate sedation	•Diarrhea		•Abnormal mucosa •Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed5 mg	•Varices (lower third of the esophagus) •Abnormal mucosa •Additional Finding •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	43	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea vomiting and diarrhea	•Fentanyl100 mcg •Benadryl25 mg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	55	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis		•Abnormal mucosa •Abnormal mucosa •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia, other •Dysphagia, other weight loss •Barrett's Epithelium	•Fentanyl100 mcg •Versed5 mg	•Additional Finding •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	61	EGD		•Inamdar Sumant			IV general anesthesia	•GI Bleed		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	82	EGD		•Tellezavila Felix			Moderate sedation	•weight loss		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Hiatal Hernia			•There were no apparent limitations or complications	
M	59	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant with elevation of liver tests •Abdominal pain		•Abnormal mucosa (antrum) •Abnormal mucosa (gastroesophageal junction) •Normal duodenum			•There were no apparent limitations or complications	
	46	EGD		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia	•Fentanyl200 mcg •Benadryl50 mg	•Additional Finding •Additional Finding			•There were no apparent limitations or complications	

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F	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis	•Fentanyl50 mcg •Versed5 mg	•Additional Finding •Normal mucosa (whole examined duodenum) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	73	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed5 mg	•Esophagitis (gastroesophageal junction) •Abnormal mucosa •Additional Finding •Ulcer (duodenal bulb and anterior bulb) •Ulcer (duodenal bulb and anterior bulb)			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed7 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	46	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	33	EGD		•Tellezavila Felix			MAC	•Pseudocyst		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	46	EGD		•Tellezavila Felix			IV general anesthesia	•SEL in esophagus		•Normal mucosa (whole examined duodenum) •Nodule (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Benadryl25 mg •Versed2 mg	•Esophagitis (gastroesophageal junction) •Abnormal mucosa (antrum) •Additional Finding			•There were no apparent limitations or complications	
	61	EGD		•Inamdar Sumant			IV general anesthesia	•Achalasia of cardia •Dysphagia		•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
	70	EGD		•Tellezavila Felix			Moderate sedation	•GERD	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	

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F	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia, Heart burn, previous Nissens		•Abnormal mucosa •Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	72	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia	•Fentanyl75 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa (middle third of the esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	36	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	84	EGD		•Inamdar Sumant			MAC with IV sedation	•Polyp of stomach and duodenum •Barrett's esophagus with dysplasia, unspecified		•Normal mucosa (whole esophagus) •Polyp (fundus and stomach body, 5 mm to 15 mm) •Normal duodenum		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	72	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis		•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	80	EGD		•Inamdar Sumant			IV general anesthesia	•Duodenal perforation s/p surgical repair with persistent leak and fistula at the duodenum		•Abnormal mucosa •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
M	73	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging •Abdominal pain		•Abnormal mucosa •Additional Finding •Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	65	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Liver transplanted •Other diseases of stomach and duodenum		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	34	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Abdominal pain •Bile leak, post operative		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Liver replaced by transplant •Gastritis, unspecified, without bleeding •Abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	66	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (stomach body) •Polyp (second part of the duodenum, 1 cm to 15 mm) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	49	EGD		•Tellezavila Felix			Moderate sedation	•GERD	•Fentanyl50 mcg •Benadryl25 mg •Versed5 mg	•Esophagitis (gastroesophageal junction) •Abnormal mucosa (duodenal bulb and first part of the duodenum) •Normal mucosa (whole stomach) •Hiatal Hernia			•There were no apparent limitations or complications	
F	68	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena		•Additional Finding •Abnormal mucosa •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	76	EGD		•Inamdar Sumant			Moderate sedation	•Dysphagia, other •GE junction mass suspected on CT scan •Weight loss		•Normal mucosa (whole esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	58	EGD		•Tellezavila Felix			IV general anesthesia	•SEL in the stomach		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Nodule (antrum)			•There were no apparent limitations or complications	
	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Possible GI bleeding •Melena		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
	64	EGD		•Tellezavila Felix			MAC	•Other diseases of stomach and duodenum		•Abnormal mucosa •Hiatal Hernia •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	78	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage		•Additional Finding •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Additional Finding			•There were no apparent limitations or complications	
M	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
	71	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl150 mcg •Versed3 mg	•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Esophagitis (gastroesophageal junction) •Normal duodenum			•There were no apparent limitations or complications	
M	78	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia		•Additional Finding			•There were no apparent limitations or complications	
F	46	EGD		•Anastasiou Ioannis			Moderate sedation	•Crohn's disease of the small bowel	•Fentanyl100 mcg •Benadryl25 mg •Versed5 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	52	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD	•Fentanyl100 mcg •Versed5 mg	•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
F	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl200 mcg •Versed10 mg	•Normal mucosa (whole esophagus) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Abnormal mucosa •Varices (lower third of the esophagus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	82	EGD		•Inamdar Sumant			IV general anesthesia	•Barrett's esophagus with high grade dysplasia		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	73	EGD		•Anastasiou Ioannis			Moderate sedation	•Dyspepsia, and other unspecified disorders •Anemia, etiology unknown •Other diseases of stomach and duodenum		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding •Abnormal mucosa			•There were no apparent limitations or complications	
F	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•Polyp •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	78	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary stricture		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	49	EGD		•Inamdar Sumant			IV general anesthesia	•Suspected stricture in esophagus		•Stenosis •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	22	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	32	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric polyps		•Normal mucosa (whole examined duodenum) •Additional Finding •Abnormal mucosa •Additional Finding			•There were no apparent limitations or complications	
M	81	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Abnormal mucosa •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Esophageal dysphagia		•Abnormal mucosa •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology •Cirrhosis, unspecified •Esophageal varices without bleeding	•Fentanyl100 mcg •Versed5 mg	•Additional Finding •Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
	42	EGD		•Inamdar Sumant			IV general anesthesia	•OLT for NASH Cirrhosis 5/21, suspected bile leak for attempted ERCP		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary leak		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	34	EGD		•Tellezavila Felix			Moderate sedation	•PHx food impaction	•Fentanyl75 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa (area at and just proximal to the squamo-columnar junction) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	56	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	46	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Abnormal Motility •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
	57	EGD		•Tellezavila Felix			MAC	•abdominal pain and bloating		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Hiatal Hernia •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding	•Versed3 mg	•Normal mucosa (whole examined duodenum) •Additional Finding •Additional Finding •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	74	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Weight loss •Abnormal finding on imaging	•Fentanyl100 mcg •Versed7 mg	•Additional Finding •Additional Finding •Abnormal mucosa •Additional Finding			•There were no apparent limitations or complications	
F	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting •Early satiety	•Fentanyl100 mcg •Versed5 mg	•Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	38	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal stricture		•Additional Finding			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	63	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl75 mcg •Versed4 mg	•Varices (lower third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal stricture •Other diseases of stomach and duodenum •Other diseases of stomach and duodenum		•Additional Finding •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	62	EGD		•Inamdar Sumant			Moderate sedation	•Nausea & vomiting	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Additional Finding •Food (stomach body) •Food (stomach body)			•There were no apparent limitations or complications	
M	50	EGD		•Tellezavila Felix			Moderate sedation	•GERD		•Polyp (fundus and stomach body, 6 mm to 11 mm) •Normal mucosa (whole examined duodenum) •Hiatal Hernia •Abnormal mucosa		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	73	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal adenocarcinoma		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			Moderate sedation							
M	64	EGD		•Inamdar Sumant			Moderate sedation	•Variceal screening	•Fentanyl50 mcg •Versed4 mg	•Mass (gastroesophageal junction, 4 cm) •Additional Finding •Previous Surgery (stomach body)			•There were no apparent limitations or complications	
F	27	EGD		•Anastasiou Ioannis			Moderate sedation	•Crohn disease		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	56	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	72	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl175 mcg •Versed8 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Polyp (antrum, 3 mm) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	54	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed5 mg	•Hiatal Hernia •Abnormal mucosa (stomach body) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	65	EGD		•Tellezavila Felix			Moderate sedation	•Pyrosis	•Fentanyl50 mcg •Versed7 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	71	EGD		•Anastasiou Ioannis			Moderate sedation	•Polyp of duodenum		•Additional Finding •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	64	EGD		•Tellezavila Felix			MAC	•esophageal stenosis		•Stricture (upper third of the esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	37	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Nausea		•Normal mucosa (whole esophagus) •Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Crohn's disease of the colon •Ulcer of intestine		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	76	EGD		•Tellezavila Felix			Moderate sedation	•gastric cancer		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (fundus) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			Moderate sedation	•GI Bleed		•Blood (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	67	EGD		•Inamdar Sumant			Moderate sedation	•ALL, Stem cell Tx, Diarrhea	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa (antrum) •Abnormal mucosa (second part of the duodenum and duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
F	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Additional Finding •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	48	EGD		•Anastasiou Ioannis			Moderate sedation	•Recurrent acute pancreatitis		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus)				
M	54	EGD		•Tellezavila Felix			Moderate sedation	•Hematemesis	•Fentanyl100 mcg •Versed6 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	26	EGD		•Tellezavila Felix			IV general anesthesia	•Foreign body ingestion		•Normal mucosa (whole esophagus) •foreign body (fundus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	46	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl200 mcg •Benadryl50 mg •Versed10 mg	•Ulcer (duodenal bulb) •Ulcer (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	69	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl150 mcg •Versed10 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	76	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's esophagus without dysplasia •Duodenal Adenoma for assessment for resection		•Barrett's Esophagus •Polyp •Normal stomach			•There were no apparent limitations or complications	
M	67	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	75	EGD		•Inamdar Sumant			MAC with IV sedation	•GI Bleed		•Ulcer (duodenal bulb) •Gastrostomy (stomach body) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
M	52	EGD		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function •Liver transplant status •Other diseases of stomach and duodenum		•Abnormal mucosa (stomach body) •Food (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	32	EGD		•Tellezavila Felix			Moderate sedation	•Dyspepsia	•Fentanyl75 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Anemia of unknown etiology •Suspected aorto-enteric fistula		•Esophagitis (gastroesophageal junction) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	69	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Polyp of stomach and duodenum		•Scar (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	57	EGD		•Tellezavila Felix			Moderate sedation	•gastric polyp		•Polyp (antrum, 2 mm) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	86	EGD		•Inamdar Sumant			IV general anesthesia	•Anemia of unknown etiology		•Normal mucosa (whole stomach) •Additional Finding •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	58	EGD		•Inamdar Sumant			Moderate sedation	•Foreign body, esophageal	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•foreign body (cricopharyngeus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
	74	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	78	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric ulcer, unsp as acute or chronic, w/o hemor or perf		•Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	47	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia	•Fentanyl50 mcg •Versed7 mg	•Normal mucosa (whole examined duodenum) •Previous Surgery •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	58	EGD		•Tellezavila Felix			Moderate sedation	•stent removal	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	34	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia	•Fentanyl50 mcg •Versed7 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Bile leak s/p liver transplant •Abdominal pain		•Abnormal mucosa •Additional Finding •Abnormal mucosa			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	76	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Polyp (fundus, 5 mm) •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	67	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal dysphagia		•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	60	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl100 mcg •Versed7 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	48	EGD		•Inamdar Sumant			MAC with IV sedation	•Melena		•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal duodenum			•There were no apparent limitations or complications	
F	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Additional Finding •Varices (lower third of the esophagus) •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
F	56	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging •Abdominal pain		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
F	71	EGD		•Tellezavila Felix			Moderate sedation	•GERD	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	44	EGD		•Inamdar Sumant			Moderate sedation	•Hematemesis		•Abnormal mucosa (stomach body) •Food (stomach body) •Esophagitis (gastroesophageal junction) •Normal duodenum			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			MAC with IV sedation	•Variceal screening		•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	

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M	76	EGD		•Anastasiou Ioannis			Moderate sedation	•Polyp of duodenum		•Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	54	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Additional Finding •Previous Surgery (stomach body) •Normal esophagus			•There were no apparent limitations or complications	
F	64	EGD		•Tellezavila Felix			Moderate sedation	•variceal screening PSC/AIH, metastatic CA Bre 2yr	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
M	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis		•Additional Finding •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis	•Fentanyl100 mcg •Versed7 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa •Additional Finding			•There were no apparent limitations or complications	
	31	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl150 mcg •Benadryl50 mg •Versed8 mg	•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	48	EGD		•Tellezavila Felix			MAC	•Duodenal polyp		•Normal mucosa (whole esophagus) •Polyp (second part of the duodenum, 5 mm) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Polyp (fundus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	85	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	75	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus with dysplasia		•Normal mucosa (whole stomach) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	58	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD •Family history of gastric cancer		•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Barretts esophagus with dysplasia		•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	45	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	67	EGD		•Inamdar Sumant			IV general anesthesia	•Duodenal mass		•Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Multiple gastric polyps		•Polyp (cardia, 5 mm to 6 mm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	38	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatic duct stricture •Abdominal pain •Choledocholithiasis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis, unspecified •Esophageal varices without bleeding		•Additional Finding •Varices (lower third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	92	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis of liver		•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
F	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Chest Pain - unspecified •Crohn's disease, colon		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	60	EGD		•Inamdar Sumant			IV general anesthesia	•Chronic pancreatitis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	46	EGD		•Anastasiou Ioannis			Moderate sedation	•History of stomach cancer		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Abnormal mucosa •Additional Finding •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Additional Finding •Abnormal mucosa •Additional Finding			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal cancer s/p ESD now with dysphagia, likely from stricture		•Stricture (middle third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	37	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	43	EGD		•Tellezavila Felix			Moderate sedation	•Personal history of colon cancer	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction) •Previous Surgery •Abnormal mucosa			•There were no apparent limitations or complications	
F	46	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	38	EGD		•Tellezavila Felix			Moderate sedation	•regain of weight	•Fentanyl75 mcg •Benadryl25 mg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa •Previous Surgery			•There were no apparent limitations or complications	
F	38	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	60	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl100 mcg •Versed5 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia	•Fentanyl100 mcg •Versed4 mg	•Abnormal mucosa (stomach body) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
F	86	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging •Nausea and vomiting •Epigastric pain	•Fentanyl50 mcg •Versed5 mg	•Additional Finding •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
F	46	EGD		•Tellezavila Felix			IV general anesthesia	•Cyst of pancreas •Foreign body in stomach, initial encounter		•foreign body (stomach body and posterior wall. transmural) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	74	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia	•Fentanyl100 mcg •Versed5 mg	•Additional Finding •Polyp (fundus, 2 mm to 1 cm) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)		•The polyp was completely removed.	•There were no apparent limitations or complications	
	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Coffee ground emesis		•Abnormal mucosa •Additional Finding •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	66	EGD		•Tellezavila Felix			Moderate sedation	•Gastric prepyloric mass SMT for evaluation		•Nodule (antrum) •Hiatal Hernia			•There were no apparent limitations or complications	
F	78	EGD		•Tellezavila Felix			IV general anesthesia	•Long segment Barretts with LGD for evaluation and possible endoscopic eradication		•Normal mucosa (whole stomach) •Barrett's Esophagus •Normal mucosa (whole examined duodenum) •Nodule (the noted Barrett's mucosal segment) •Previous Surgery			•There were no apparent limitations or complications	
F	49	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Ring (lower third of the esophagus) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Non-alcoholic cirrhosis		•Abnormal mucosa •Abnormal mucosa •Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal stricture		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Gastric intestinal metaplasia •GERD		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	57	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•Abnormal mucosa (antrum) •Polyp (fundus, 5 mm to 15 mm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Iron deficiency anemia		•Esophagitis (gastroesophageal junction and lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Hiatal Hernia			•There were no apparent limitations or complications	
M	65	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Abnormal Motility •Candidiasis (upper third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices with bleeding	•Fentanyl50 mcg •Versed4 mg	•Additional Finding •Varices (lower third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	70	EGD		•Anastasiou Ioannis			Moderate sedation							
M	64	EGD		•Tellezavila Felix			Moderate sedation	•Melena	•Fentanyl75 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
	74	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus with high grade dysplasia •Abdominal pain		•Polyp (fundus, 2 mm to 4 mm) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	82	EGD		•Anastasiou Ioannis			Moderate sedation	•Right upper quadrant abdominal pain		•Abnormal mucosa •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	73	EGD		•Tellezavila Felix			Moderate sedation	•Varices, esophageal	•Fentanyl50 mcg •Versed5 mg	•Abnormal mucosa (antrum) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	47	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (duodenal bulb and second part of the duodenum) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Cancer with unknown primary site	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Additional Finding			•There were no apparent limitations or complications	
F	37	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Additional Finding •Additional Finding •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	79	EGD		•Tellezavila Felix			MAC	•Barrett esophagus		•Abnormal mucosa (antrum) •Barrett's Esophagus •Hiatal Hernia •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging •Abdominal pain		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	60	EGD		•Inamdar Sumant			IV general anesthesia	•Obstruction of bile duct		•Abnormal mucosa (antrum) •Food (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	48	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD (gastroesophageal reflux disease)		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •History of chronic pancreatitis, weight loss, abdominal pain, NI LFT		•Additional Finding •Abnormal mucosa (gastroesophageal junction) •Abnormal mucosa			•There were no apparent limitations or complications	
M	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage, unspecified		•Normal mucosa (whole examined duodenum) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis, unspecified	•Fentanyl150 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	56	EGD		•Tellezavila Felix			MAC	•Mass of pancreas	•Cefazolin2 gm	•Ring (gastroesophageal junction) •Esophagitis (gastroesophageal junction) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
	66	EGD		•Tellezavila Felix			Moderate sedation	•Barrett's esophagus without dysplasia		•Previous Surgery •Barrett's Esophagus			•There were no apparent limitations or complications	
M	76	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus with dysplasia		•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Hiatal Hernia			•There were no apparent limitations or complications	
	56	EGD		•Inamdar Sumant			IV general anesthesia	•Elevated liver function tests •Polyp of stomach and duodenum •Abdominal pain		•Polyp (pre-pyloric region, 2 cm to 3 cm) •Varices (lower third of the esophagus) •Abnormal mucosa (stomach body)			•There were no apparent limitations or complications	
M	80	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	61	EGD		•Inamdar Sumant			IV general anesthesia	•Duodenal stricture	•Cefazolin2 gm	•Food (stomach body) •Stricture (first part of the duodenum) •Normal esophagus			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal perforation •Esophageal cancer		•Additional Finding •Normal mucosa (whole stomach) •Additional Finding			•There were no apparent limitations or complications	
F	20	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis	•Fentanyl100 mcg •Benadryl50 mg •Versed7 mg	•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Versed2 mg	•Additional Finding •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	62	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric ulcer, unsp as acute or chronic, w/o hemor or perf		•Abnormal mucosa •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
	49	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	37	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting •Diarrhea		•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	56	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia		•Normal mucosa (whole esophagus) •Additional Finding •Additional Finding •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	78	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Versed2 mg	•Additional Finding •Normal mucosa (whole stomach) •Additional Finding •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	79	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	89	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	61	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver tests s/p liver transplant		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	98	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia, pharyngoesophageal phase	•Versed3 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Ring (gastroesophageal junction)			•There were no apparent limitations or complications	
M	32	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis		•Normal mucosa (whole stomach) •Additional Finding •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	76	EGD		•Inamdar Sumant			MAC with IV sedation	•Thickening of the esophagus on CT scan		•Normal mucosa (whole esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	43	EGD		•Tellezavila Felix			Moderate sedation	•Barrett Esophagus	•Fentanyl150 mcg •Benadryl50 mg •Versed10 mg	•Normal mucosa (whole examined duodenum) •Barrett's Esophagus •Normal mucosa (whole stomach) •Barrett's Esophagus			•There were no apparent limitations or complications	
F	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage		•Normal mucosa (whole examined duodenum) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus •Nodule (the noted Barrett's mucosal segment) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
	57	EGD		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	28	EGD		•Inamdar Sumant			MAC with IV sedation	•GERD •Abdominal pain		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal esophagus			•There were no apparent limitations or complications	
M	72	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding		•Abnormal mucosa •Varices (lower third of the esophagus) •Varices (fundus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	71	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Pancreatitis, acute		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Fentanyl25 mcg •Benadryl50 mg •Versed3 mg	•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	82	EGD		•Anastasiou Ioannis			Moderate sedation	•Right upper quadrant abdominal pain •Gastrointestinal hemorrhage		•Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	22	EGD		•Tellezavila Felix			MAC	•Prob. duplication cyst in the esophagus		•Candidiasis (lower third of the esophagus and middle third of the esophagus) •Previous Surgery •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Cirrhosis, unspecified •Gastric intestinal metaplasia	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	77	EGD		•Tellezavila Felix			Moderate sedation	•Cirrhosis, unspecified	•Fentanyl100 mcg •Versed6 mg	•Additional Finding •Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	77	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl25 mcg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Additional Finding			•There were no apparent limitations or complications	
F	59	EGD		•Anastasiou Ioannis			Moderate sedation	•gastric non-healing ulcer •Other diseases of stomach and duodenum		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
F	66	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal dysphagia	•Fentanyl50 mcg •Versed6 mg	•Esophagitis (gastroesophageal junction) •Hiatal Hernia •Stricture (upper third of the esophagus) •Stricture (upper third of the esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	67	EGD		•Tellezavila Felix			Moderate sedation	•Cirrhosis, variceal screening	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	77	EGD		•Anastasiou Ioannis			Moderate sedation	•Polyp of stomach and duodenum •Other diseases of stomach and duodenum •Duodenal neuroendocrine tumor		•Additional Finding •Normal mucosa (whole esophagus) •Additional Finding •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal •Other diseases of stomach and duodenum •Gastrointestinal hemorrhage, unspecified	•Fentanyl150 mcg •Versed9 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
	52	EGD		•Anastasiou Ioannis			Moderate sedation	•Epigastric pain		•Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	38	EGD		•Tellezavila Felix			Moderate sedation	•Macrocytic anemia, Nausea, vomiting and diarrhea	•Fentanyl100 mcg •Versed7 mg	•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction) •Hiatal Hernia			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			IV general anesthesia	•Gastric polyp		•Polyp (antrum, 4 cm to 6 cm) •Polyp (incisura of the stomach, 2 cm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	73	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Other diseases of stomach and duodenum		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	63	EGD		•Inamdar Sumant			Moderate sedation	•Dysphagia, other	•Fentanyl50 mcg •Versed4 mg	•Esophagitis (gastroesophageal junction) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
	49	EGD		•Inamdar Sumant			IV general anesthesia	•GI Bleed		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	85	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
M	29	EGD		•Inamdar Sumant			MAC with IV sedation	•GERD		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	52	EGD		•Inamdar Sumant			Moderate sedation	•GERD	•Fentanyl150 mcg •Benadryl50 mg •Versed7 mg	•Abnormal mucosa (antrum) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	76	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric polyp		•Additional Finding •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Weight loss		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	44	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	51	EGD		•Tellezavila Felix			MAC	•GERD		•Esophagitis (gastroesophageal junction) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	80	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Ulcer (duodenal bulb)			•There were no apparent limitations or complications	
F	49	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea & vomiting	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	60	EGD		•Tellezavila Felix			MAC	•Mass of pancreas		•Previous Surgery (anastomosis) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding •Cirrhosis, unspecified		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	47	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia		•Normal mucosa (whole esophagus) •Additional Finding •Polyp (anterior bulb, 2 mm) •Abnormal mucosa		•The polyp was completely removed.	•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	68	EGD		•Tellezavila Felix			Moderate sedation	•Hx Whipple procedure Nausea and bloating		•Abnormal mucosa (antrum, pylorus and stomach body) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	25	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal pain •Nausea and vomiting	•Fentanyl100 mcg •Versed5 mg	•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting •Esophageal dysphagia •Esophageal stricture		•Normal mucosa (whole stomach) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	75	EGD		•Tellezavila Felix			MAC	•esophageal tumor		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Mass (cardia, 15 mm)			•There were no apparent limitations or complications	
M	78	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia	•Fentanyl25 mcg •Versed3 mg	•Additional Finding •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	67	EGD		•Inamdar Sumant			MAC with IV sedation	•Anemia, iron deficiency from chronic blood loss		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal cancer s/p ESD now with dysphagia, likely from stricture		•Stricture •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	23	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Additional Finding •Additional Finding •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea & vomiting		•Normal mucosa (whole esophagus) •Food (fundus and antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	34	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia •Other esophagitis with bleeding •Other diseases of stomach and duodenum		•Additional Finding •Abnormal mucosa •Additional Finding			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	75	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Hiatal Hernia •Abnormal mucosa (duodenal bulb) •Barrett's Esophagus			•There were no apparent limitations or complications	
F	46	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD (gastroesophageal reflux disease)		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	45	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Gastroparesis		•Abnormal mucosa (antrum) •Stenosis (pylorus) •Stenosis (pylorus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	55	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastroparesis		•Additional Finding •Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			IV general anesthesia	•5-6cm involving at least 60-70% of circumference and starting from ampulla. For attempted ampullectomy. Patient refused Whipple in the past.		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	46	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Additional Finding			•There were no apparent limitations or complications	
F	84	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Fentanyl150 mcg •Versed2 mg	•Additional Finding •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	55	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	81	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Dysphagia		•Additional Finding •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	59	EGD		•Tellezavila Felix			Moderate sedation	•Dyspepsia	•Fentanyl75 mcg •Benadryl25 mg •Versed9 mg	•Additional Finding •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	55	EGD		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	60	EGD		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative •Liver transplant recipient •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	79	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea & vomiting	•Fentanyl50 mcg •Versed3 mg	•Additional Finding •Food (stomach body and cardia) •Hiatal Hernia •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena •Anemia	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
F	60	EGD		•Inamdar Sumant			IV general anesthesia	•Gastrocutaneous fistula due to gastrostomy tube		•Additional Finding •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	68	EGD		•Tellezavila Felix			MAC	•double duct sign		•Additional Finding			•There were no apparent limitations or complications	
	36	EGD		•Tellezavila Felix			MAC	•FAP with duodenal / Jejunal polyp post resection		•Polyp (whole stomach, 1 mm to 7 mm) •Previous Surgery (third part of the duodenum) •Polyp (posterior bulb, 3 mm) •Normal mucosa (whole esophagus)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	79	EGD		•Inamdar Sumant			Moderate sedation	•Melena •Hematemesis	•Fentanyl100 mcg •Versed5 mg	•Ulcer (duodenal bulb) •Ulcer (duodenal bulb) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
M	62	EGD		•Inamdar Sumant			MAC with IV sedation	•Melena •Cirrhosis		•Abnormal mucosa (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Polyp of stomach and duodenum		•Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging •Dysphagia		•Additional Finding •Abnormal mucosa •Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	55	EGD		•Tellezavila Felix			Moderate sedation	•Metaplasia, gastric	•Fentanyl100 mcg •Benadryl25 mg •Versed9 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Polyp (incisura of the stomach, 5 mm) •Abnormal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	55	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Benadryl25 mg •Versed7 mg	•Ulcer (duodenal bulb) •Abnormal mucosa •Hiatal Hernia			•There were no apparent limitations or complications	
M	69	EGD		•Tellezavila Felix			Moderate sedation	•Melena	•Fentanyl100 mcg •Benadryl25 mg •Versed7 mg	•Normal mucosa (whole esophagus) •Previous Surgery (antrum, incisura of the stomach and stomach body) •Polyp (antrum, 6 mm to 10 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Esophageal stricture		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	66	EGD		•Inamdar Sumant			Moderate sedation	•Varices, esophageal •Esophageal dysphagia	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa (stomach body) •Abnormal Motility •Normal duodenum			•There were no apparent limitations or complications	
F	56	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging •Abdominal pain		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	32	EGD		•Anastasiou Ioannis			Moderate sedation	•Right upper quadrant abdominal pain		•Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	49	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus without dysplasia		•Additional Finding •Barrett's Esophagus •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	75	EGD		•Inamdar Sumant			MAC with IV sedation	•Previous resolved Melena •Adrenal mass to rule out GI primary		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Polyp of duodenum		•Additional Finding •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Versed3 mg	•Normal mucosa (whole esophagus) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	49	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding •Other diseases of stomach and duodenum		•Additional Finding •Varices (lower third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	29	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Foreign body		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	59	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD (gastroesophageal reflux disease)		•Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	64	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	47	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging		•Additional Finding •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	56	EGD		•Anastasiou Ioannis			Moderate sedation	•Adult hypertrophic pyloric stenosis •Other diseases of stomach and duodenum •GERD		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Stenosis (pylorus)			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			Moderate sedation	•Nausea and vomiting •Diarrhea	•Fentanyl50 mcg •Versed4 mg	•Hiatal Hernia •Barrett's Esophagus •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	84	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage		•Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal •Other diseases of stomach and duodenum •Esophageal varices without bleeding		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	91	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage		•Additional Finding •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Abnormal mucosa •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	78	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	50	EGD		•Inamdar Sumant			IV general anesthesia	•Hematemesis		•Deformity (stomach body) •Abnormal mucosa (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatic duct obstruction •Pancreatic duct calculus •Pancreatitis, chronic		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	86	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Mass of pancreas		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	91	EGD		•Inamdar Sumant			MAC with IV sedation	•Polyp of duodenum		•Abnormal mucosa (antrum) •Polyp (first part of the duodenum, 15 mm) •Normal esophagus			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver function tests		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Other specified disease of esophagus •Barrett's Epithelium		•Hiatal Hernia •Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophagitis		•Abnormal mucosa •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	38	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal mucosa (whole stomach) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric antral vascular ectasia (GAVE)		•Hiatal Hernia •Angioectasia •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	55	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Abnormal mucosa (antrum) •Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus without dysplasia		•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Additional Finding			•There were no apparent limitations or complications	
M	42	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	51	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD (gastroesophageal reflux disease)		•Additional Finding •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	67	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD (gastroesophageal reflux disease)		•Normal mucosa (whole examined duodenum) •Additional Finding •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	41	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	44	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	63	EGD		•Inamdar Sumant			MAC with IV sedation	•Benign carcinoid tumor of unspecified site •Alkaline phosphatase raised		•Hiatal Hernia •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	40	EGD		•Inamdar Sumant			Moderate sedation	•PSC with worsening LFT ? dominant stricture		•Abnormal mucosa (antrum) •Polyp (second part of the duodenum, 6 mm) •Normal esophagus			•There were no apparent limitations or complications	
F	37	EGD		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, pharyngoesophageal phase •Esophageal obstruction		•Stricture •Normal mucosa (whole stomach) •Normal duodenum			•There were no apparent limitations or complications	
M	81	EGD		•Anastasiou Ioannis			Moderate sedation	•Pancreatic mass •Abdominal pain		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	79	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Additional Finding •Normal esophagus			•There were no apparent limitations or complications	
F	64	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Choledocholithiasis with biliary obstruction		•Additional Finding •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	31	EGD		•Anastasiou Ioannis			Moderate sedation	•Bile duct obstruction •Abdominal pain		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Additional Finding •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	74	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal obstruction		•Normal mucosa (whole stomach) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	74	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal mass		•Polyp (cardia, 8 mm to 9 mm) •Mass (lower third of the esophagus, 2 cm) •Normal duodenum			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Abnormal mucosa (antrum) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	36	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Abnormal mucosa (whole esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Esophagitis (middle third of the esophagus and lower third of the esophagus) •Deformity (duodenal bulb) •Normal stomach			•There were no apparent limitations or complications	
M	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Normal mucosa (whole examined duodenum) •Additional Finding •Abnormal mucosa			•There were no apparent limitations or complications	
F	55	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	78	EGD		•Anastasiou Ioannis			Moderate sedation	•Adenocarcinoma, esophageal		•Normal mucosa (whole stomach) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	79	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Abnormal mucosa •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus with high grade dysplasia		•Hiatal Hernia •Normal mucosa (whole stomach) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	37	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	61	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD •Dysphagia		•Additional Finding •Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	83	EGD		•Inamdar Sumant			IV general anesthesia	•Suspected cholangitis •Esophageal stricture		•Abnormal mucosa (antrum) •Stricture (middle third of the esophagus and lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	62	EGD		•Inamdar Sumant			IV general anesthesia	•Gastric diverticulum •Abdominal pain		•Polyp (antrum, 1 cm to 2 cm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	67	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary stricture •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric mass		•Previous Surgery (stomach body) •Mass			•There were no apparent limitations or complications	
M	82	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric polyp		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	35	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	60	EGD		•Inamdar Sumant			MAC with IV sedation	•Varices, esophageal		•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	79	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Esophageal spasm		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Abnormal mucosa (duodenal bulb)			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	69	EGD		•Tellezavila Felix			Moderate sedation	•Varices, esophageal	•Fentanyl50 mcg •Versed4 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	64	EGD		•Inamdar Sumant			IV general anesthesia	•Gastric mass		•Stenosis (second part of the duodenum) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	47	EGD		•Tellezavila Felix			Moderate sedation	•GERD	•Fentanyl75 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	60	EGD		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	67	EGD		•Inamdar Sumant			IV general anesthesia	•Elevated live tests s/p live transplant		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	83	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
F	50	EGD		•Tellezavila Felix			MAC	•biliary stent removal		•Normal mucosa (whole esophagus) •Stent (papilla major) •Abnormal mucosa			•There were no apparent limitations or complications	
F	49	EGD		•Tellezavila Felix			Moderate sedation	•abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	55	EGD		•Tellezavila Felix			Moderate sedation	•N&V		•Previous Surgery (antrum) •Previous Surgery (antrum) •Previous Surgery (antrum) •Additional Finding •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	58	EGD		•Tellezavila Felix			Moderate sedation	•Carcinoid tumor of stomach		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Polyp (stomach body (posterior wall), one in the greater curvature. and stomach body (posterior wall) and one in the greater curvature., 2 mm to 5 mm) •Deformity (stomach body, greater curvature and stomach body, greater curvature)			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal cancer s/p ESD now with dysphagia, likely from stricture		•Stricture •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	66	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal obstruction	•Fentanyl50 mcg •Versed4 mg	•Barrett's Esophagus •Normal mucosa (whole examined duodenum) •Hiatal Hernia •Normal mucosa (whole stomach) •Stricture (upper third of the esophagus)			•There were no apparent limitations or complications	
F	41	EGD		•Inamdar Sumant			MAC with IV sedation	•Adenomatous duodenal polyp		•Polyp (second part of the duodenum, 11 mm to 15 mm) •Hiatal Hernia •Normal esophagus			•There were no apparent limitations or complications	
F	70	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Hiatal Hernia •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	61	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl75 mcg •Versed8 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	64	EGD		•Tellezavila Felix			Moderate sedation	•Barrett's Epithelium	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole stomach) •Barrett's Esophagus •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	65	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric mass		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Subepithelial gastric lesion •Abdominal pain		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting		•Additional Finding •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Pyloric stricture		•Additional Finding •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	53	EGD		•Inamdar Sumant			Moderate sedation	•Pseudocyst, pancreatic		•Barrett's Esophagus •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	53	EGD		•Inamdar Sumant			MAC with IV sedation	•Walled off pancreatic necrosis		•Varices (fundus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	48	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastroparesis		•Food (pylorus) •Food (pylorus) •Esophagitis (gastroesophageal junction) •Normal duodenum			•There were no apparent limitations or complications	
	85	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal varices without bleeding		•Abnormal mucosa (stomach body) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric nodule		•Nodule (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	57	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	65	EGD		•Anastasiou Ioannis •Inamdar Sumant			Moderate sedation	•GI bleeding		•Additional Finding •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	43	EGD		•Inamdar Sumant			MAC with IV sedation	•Dyspepsia		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	28	EGD		•Anastasiou Ioannis			Moderate sedation	•Diarrhea •Abdominal pain		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	71	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	81	EGD		•Tellezavila Felix			MAC	•Barrett's esophagus without dysplasia		•Hiatal Hernia •Polyp (fundus, 2 mm to 7 mm) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Normal mucosa (whole stomach) •Additional Finding •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	46	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis		•Varices (lower third of the esophagus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	64	EGD		•Tellezavila Felix			MAC	•stricture in the duodenal bulb		•Normal mucosa (whole esophagus) •Stricture (distal bulb) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation							
M	62	EGD		•Tellezavila Felix			MAC	•Pancreatic cyst		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Abnormal mucosa (anterior bulb)			•There were no apparent limitations or complications	
M	30	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Additional Finding			•There were no apparent limitations or complications	
	46	EGD		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia		•Additional Finding •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	80	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole esophagus) •Ulcer (duodenal bulb) •Abnormal mucosa			•There were no apparent limitations or complications	
	75	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver enzymes history of liver transplant •Bile leak, post operative		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	48	EGD		•Anastasiou Ioannis			Moderate sedation	•RUQ pain		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	69	EGD		•Tellezavila Felix			IV general anesthesia	•Esophageal varices with bleeding		•Varices (lower third of the esophagus) •Abnormal mucosa •Additional Finding •Abnormal mucosa (stomach body) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	59	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Liver transplant with elevation of liver tests		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric Ulcer		•Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	38	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	73	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl75 mcg •Versed4 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			IV general anesthesia	•Cholelithiasis •Stenosis of duodenum •Abdominal pain		•Abnormal mucosa (antrum) •Stricture (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
F	85	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatic cyst •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	47	EGD		•Tellezavila Felix			Moderate sedation	•hematemesis	•Fentanyl100 mcg •Benadryl25 mg •Versed8 mg	•Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction) •Hiatal Hernia •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	43	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver tests •Liver transplant status		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastroparesis		•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	54	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Abdominal pain		•Additional Finding •Previous Surgery (stomach body) •Normal esophagus			•There were no apparent limitations or complications	
F	76	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastroparesis		•Food (stomach body) •Food (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	52	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	74	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Weight loss		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	74	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Additional Finding •Esophagitis (gastroesophageal junction) •Previous Surgery (stomach body)			•There were no apparent limitations or complications	
F	38	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	45	EGD		•Tellezavila Felix			Moderate sedation							
M	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric mass		•Mass (pylorus and pre-pyloric region, 4 cm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	69	EGD		•Tellezavila Felix			MAC	•SEL in D2		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
	43	EGD		•Tellezavila Felix			MAC	•Polyp of stomach and duodenum		•Polyp (fundus and stomach body, 2 mm to 12 mm) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	33	EGD		•Tellezavila Felix			MAC	•stent removal		•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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F	75	EGD		•Tellezavila Felix			MAC	•non-healing ulcer		•Normal mucosa (whole examined duodenum) •Previous Surgery (fundus) •Ulcer (two cm after cardia on the lesser curvature) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	36	EGD		•Tellezavila Felix			MAC	•dysphagia		•Ring (gastroesophageal junction) •Normal mucosa (whole examined duodenum) •Hiatal Hernia •Abnormal mucosa •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	73	EGD		•Inamdar Sumant			MAC with IV sedation	•GERD •Dysphagia, other		•Additional Finding •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
M	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal stricture •Esophageal mass		•Additional Finding •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
F	61	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia post RFA, progressively worse? stricture •IMC T1a on pathology		•Barrett's Esophagus			•There were no apparent limitations or complications	
F	42	EGD		•Anastasiou Ioannis			Moderate sedation	•RUQ pain		•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	64	EGD		•Tellezavila Felix			Moderate sedation	•esophageal varices	•Fentanyl75 mcg •Versed6 mg	•Abnormal mucosa •Abnormal mucosa •Varices (lower third of the esophagus) •Hiatal Hernia •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	76	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Esophageal varices without bleeding		•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	62	EGD		•Tellezavila Felix			Moderate sedation	•Varices, esophageal	•Fentanyl50 mcg •Versed7 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	

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M	60	EGD		•Tellezavila Felix			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed7 mg	•Additional Finding •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	67	EGD		•Tellezavila Felix			Moderate sedation	•CT of abdomen abnormal	•Fentanyl100 mcg •Versed5 mg	•Ulcer (stomach body (posterior wall)) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	47	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal stomach			•There were no apparent limitations or complications	
F	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Epigastric pain		•Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	78	EGD		•Tellezavila Felix			Moderate sedation	•Cirrhosis, unspecified	•Fentanyl50 mcg •Versed5 mg	•Abnormal mucosa •Abnormal mucosa (first part of the duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
F	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	80	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	24	EGD		•Tellezavila Felix			Moderate sedation	•NV	•Fentanyl100 mcg •Benadryl25 mg •Versed7 mg	•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	46	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Dysphagia, other •Encounter for surgical aftercare following surgery on the di		•Additional Finding •Additional Finding •Normal duodenum			•There were no apparent limitations or complications	
F	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed3 mg	•Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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M	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	84	EGD		•Anastasiou Ioannis			Moderate sedation	•Chronic or unspecified gastric ulcer with hemorrhage		•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	72	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea & vomiting		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Hiatal Hernia •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	38	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea & vomiting	•Fentanyl50 mcg •Benadryl25 mg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	54	EGD		•Tellezavila Felix			Moderate sedation	•variceal screening		•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices		•Abnormal mucosa •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	84	EGD		•Tellezavila Felix			MAC	•Melena		•Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	49	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD •Diaphragmatic hernia without obstruction or gangrene		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Additional Finding			•There were no apparent limitations or complications	
M	24	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea & vomiting		•Normal mucosa (whole examined duodenum) •Additional Finding •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	31	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Liver transplant candidate		•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Other specified diseases of esophagus •Dyspepsia		•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	50	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	84	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Additional Finding •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	66	EGD		•Inamdar Sumant			IV general anesthesia	•Esophageal mass	•Cefazolin2 gm	•Stricture (upper third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	76	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Gastric polyp		•Polyp (stomach body and fundus, 0.5 cm to 3 cm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	78	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastritis		•Additional Finding •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	62	EGD		•Tellezavila Felix			Moderate sedation	•Ectopic varices	•Versed2 mg	•Varices (second part of the duodenum) •Blood (fundus) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	46	EGD		•Tellezavila Felix			Moderate sedation	•Mieloma	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum and stomach body)			•There were no apparent limitations or complications	

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F	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting		•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	60	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Benadryl25 mg •Versed6 mg	•Blood (fundus and stomach body) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	29	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Additional Finding •Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	66	EGD		•Inamdar Sumant			IV general anesthesia	•PSC s/p liver transplant		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	43	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreas divisum •Abdominal pain •Suspected chronic pancreatitis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	50	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatic stent removal		•Normal mucosa (whole examined duodenum) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	66	EGD		•Tellezavila Felix			Moderate sedation	•N/V	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa •Hiatal Hernia •Previous Surgery (anastomosis)			•There were no apparent limitations or complications	
	63	EGD		•Inamdar Sumant			IV general anesthesia	•Cirrhosis, alcoholic •Abdominal pain		•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
	57	EGD		•Tellezavila Felix			MAC	•Varices, esophageal		•Varices (lower third of the esophagus) •Abnormal mucosa (incisura of the stomach) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	81	EGD		•Tellezavila Felix			Moderate sedation	•HGD on pathology, C0M3		•Barrett's Esophagus •Normal mucosa (whole examined duodenum) •Polyp (fundus)			•There were no apparent limitations or complications	
F	57	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia, other	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
M	48	EGD		•Tellezavila Felix			MAC	•Barrett's Esophagus		•Nodule (the noted Barrett's mucosal segment) •Barrett's Esophagus •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	67	EGD		•Tellezavila Felix			Moderate sedation	•GERD	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Previous Surgery (anastomosis)			•There were no apparent limitations or complications	
F	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Gastric bypass status for obesity •Pancreatitis, chronic		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	52	EGD		•Tellezavila Felix			Moderate sedation	•melena	•Fentanyl100 mcg •Versed8 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	77	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Cyst of pancreas		•Abnormal mucosa (antrum and stomach body) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
M	41	EGD		•Inamdar Sumant			MAC with IV sedation	•Cirrhosis, cryptogenic		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Abnormal mucosa (duodenal bulb)			•There were no apparent limitations or complications	
F	67	EGD		•Inamdar Sumant			MAC with IV sedation	•Submucosal tumor of stomach		•Polyp (fundus, 5 mm to 8 mm) •Nodule •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	42	EGD		•Inamdar Sumant			MAC with IV sedation	•Cirrhosis, alcoholic variceal screening for primary prophylaxis epigastric/ RUQ pain post parandial		•Abnormal mucosa (stomach body) •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	30	EGD		•Tellezavila Felix			Moderate sedation	•Diarrhea	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	59	EGD		•Tellezavila Felix			Moderate sedation	•Screening varices	•Fentanyl50 mcg •Versed6 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	36	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Other diseases of stomach and duodenum •Other specified diseases of esophagus		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	28	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Gastrostomy (stomach body) •Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	68	EGD		•Tellezavila Felix			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Ulcer (antrum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
	65	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Pancreatitis, chronic		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	69	EGD		•Inamdar Sumant			MAC with IV sedation	•Squamous cell cancer of upper esophagus s/p chemotherapy and radiation		•Ulcer (upper third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	45	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			MAC with IV sedation	•Epigastric pain •Abdominal pain		•Hiatal Hernia •Food (stomach body) •Food (stomach body) •Normal duodenum			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	49	EGD		•Tellezavila Felix			Moderate sedation	•epigastric pain	•Versed1 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	77	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging		•Normal mucosa (whole esophagus) •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
F	50	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed5 mg	•Abnormal mucosa (stomach body and antrum) •Esophagitis (gastroesophageal junction) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	60	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Versed5 mg	•Esophagitis (gastroesophageal junction) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	85	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed3 mg	•Varices (lower third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	75	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Additional Finding			•There were no apparent limitations or complications	
F	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus without dysplasia		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Additional Finding			•There were no apparent limitations or complications	
M	39	EGD		•Tellezavila Felix			IV general anesthesia	•polyp in the esophagus		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Polyp (lower third of the esophagus, 10 mm)			•There were no apparent limitations or complications	
M	60	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Stricture (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
F	58	EGD		•Inamdar Sumant			IV general anesthesia	•Gastro-gastric fistula		•Additional Finding •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	44	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Obstructive jaundice due to cancer		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Neuroendocrine tumor •Cirrhosis		•Additional Finding •Varices (lower third of the esophagus) •Abnormal mucosa (antrum and stomach body)			•There were no apparent limitations or complications	
F	40	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis •Biliary sludge		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	39	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD (gastroesophageal reflux disease)		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	71	EGD		•Anastasiou Ioannis			Moderate sedation	•Epigastric pain •GERD		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	42	EGD		•Anastasiou Ioannis			Moderate sedation	•Diaphragmatic hernia without obstruction or gangrene •Melena	•Fentanyl100 mcg •Benadryl50 mg •Versed6 mg	•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	86	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•Polyp (cardia and stomach body, 5 mm to 8 mm) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	76	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Mass of pancreas •Obstructive jaundice		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	79	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal		•Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Adenocarcinoma of unknown primary	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole stomach) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea & vomiting	•Fentanyl75 mcg •Versed6 mg	•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	81	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	75	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl150 mcg •Versed4 mg	•Normal duodenum •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	83	EGD		•Inamdar Sumant			IV general anesthesia	•Esophageal stricture •Esophageal obstruction		•Abnormal mucosa (antrum) •Stent (middle third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastro-esophageal reflux dis with esophagitis, without bleed •Other esophagitis without bleeding	•Fentanyl150 mcg •Benadryl50 mg •Versed5 mg	•Additional Finding •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	36	EGD		•Inamdar Sumant			Moderate sedation	•GI Bleed	•Fentanyl150 mcg •Versed3 mg	•Esophagitis (gastroesophageal junction) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
M	59	EGD		•Inamdar Sumant			Moderate sedation	•GI Bleed		•Abnormal Motility •Ulcer (incisura of the stomach) •Normal duodenum			•There were no apparent limitations or complications	
F	51	EGD		•Inamdar Sumant			Moderate sedation	•Dysphagia	•Fentanyl1100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa (antrum and stomach body) •Candidiasis (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	41	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal pain	•Fentanyl1100 mcg •Versed5 mg	•Abnormal mucosa (antrum) •Esophagitis (gastroesophageal junction and lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	74	EGD		•Tellezavila Felix			Moderate sedation	•polyp duodenum		•Normal mucosa (whole examined duodenum) •Barrett's Esophagus •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	48	EGD		•Inamdar Sumant			Moderate sedation	•Suspected gastric outlet obstruction		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Other specified diseases of biliary tract •Polyp of duodenum		•Additional Finding •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	73	EGD		•Inamdar Sumant			Moderate sedation	•GI Bleed	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole stomach) •Ulcer (duodenal bulb) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Pancreatic mass		•Additional Finding •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
	78	EGD		•Tellezavila Felix			Moderate sedation	•Barrett's esophagus without dysplasia	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Barrett's Esophagus			•There were no apparent limitations or complications	
	66	EGD		•Inamdar Sumant			IV general anesthesia	•Hematochezia		•Additional Finding •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	67	EGD		•Inamdar Sumant			Moderate sedation	•GI Bleed	•Fentanyl100 mcg •Versed5 mg	•Abnormal mucosa (stomach body) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	76	EGD		•Anastasiou Ioannis			Moderate sedation	•GE junction mass suspected on CT scan •Weight loss •Dysphagia, other		•Additional Finding •Normal mucosa (whole examined duodenum) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	44	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl50 mcg •Benadryl25 mg •Versed6 mg	•Varices (lower third of the esophagus) •Polyp (antrum) •Abnormal mucosa •Normal mucosa (whole examined duodenum) •Food (stomach body)			•There were no apparent limitations or complications	
	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia •Pyloric stenosis •Adult hypertrophic pyloric stenosis •Gastric pull through, RXY GB, pyloric stenosis previously dilated to 20mm		•Additional Finding •Additional Finding •Normal duodenum			•There were no apparent limitations or complications	
	57	EGD		•Inamdar Sumant			MAC with IV sedation	•Anemia of unknown etiology		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal esophagus			•There were no apparent limitations or complications	

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	71	EGD		•Tellezavila Felix			Moderate sedation	•Barrett's esophagus	•Fentanyl50 mcg •Versed5 mg	•Abnormal mucosa (area at and just proximal to the squamo-columnar junction) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			MAC with IV sedation	•GERD		•Previous Surgery (upper third of the esophagus) •Food (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	36	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal dysphagia	•Fentanyl50 mcg •Benadryl25 mg •Versed6 mg	•Normal mucosa (whole esophagus)				
F	72	EGD		•Anastasiou Ioannis			Moderate sedation	•Mass of pancreas •Abdominal pain		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	65	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•Polyp (cardia, 1.5 cm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	48	EGD		•Inamdar Sumant			IV general anesthesia	•GI Bleed		•Varices (lower third of the esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal varices without bleeding		•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
M	50	EGD		•Inamdar Sumant			IV general anesthesia	•Duodenal polyp for assessment and possible endoscopic resection		•Polyp (second part of the duodenum, 8 mm to 9 mm) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	76	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed3 mg	•Esophagitis (gastroesophageal junction) •Ulcer (duodenal bulb) •Normal stomach			•There were no apparent limitations or complications	
F	85	EGD		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	48	EGD		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Hiatal Hernia •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastroparesis •GERD (gastroesophageal reflux disease)		•Additional Finding •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Additional Finding			•There were no apparent limitations or complications	
	56	EGD		•Tellezavila Felix			MAC	•Barrett's esophagus without dysplasia		•Previous Surgery •Abnormal mucosa (area at and just proximal to the squamo-columnar junction)			•There were no apparent limitations or complications	
F	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •H/o esophageal stricture s/p dilation on PPI bid •Esophageal obstruction		•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	64	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD (gastroesophageal reflux disease) •Dysphagia		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	61	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric polyps •Iron deficiency anemia •Hematemesis		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Polyp (antrum, fundus and stomach body, 5 mm to 3 cm) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	55	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction and lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Other specified disease of esophagus •anastomotic ulcer follow-up	•Fentanyl100 mcg •Versed5 mg	•Additional Finding •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
	88	EGD		•Anastasiou Ioannis			Moderate sedation	•Food impaction of esophagus •Esophageal dysphagia •History of Nissen fundoplication		•Additional Finding •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	55	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis •Hematemesis	•Fentanyl50 mcg •Versed3 mg	•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
	79	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain •Cholelithiasis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	50	EGD		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative •Hematemesis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	61	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	73	EGD		•Inamdar Sumant			IV general anesthesia	•Dysphagia, oral phase		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia, other		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Additional Finding			•There were no apparent limitations or complications	
M	81	EGD		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology	•Fentanyl100 mcg •Benadryl50 mg •Versed4 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	81	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus without dysplasia		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (area at and just proximal to the squamo-columnar junction) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	82	EGD		•Inamdar Sumant			IV general anesthesia	•Gastric cancer •Gastric polyp		•Polyp (gastroesophageal junction, 2 cm) •Polyp (cardia, 2 cm) •Normal duodenum			•There were no apparent limitations or complications	
M	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Other diseases of stomach and duodenum •Portal hypertension	•Fentanyl50 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Additional Finding •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Additional Finding •Additional Finding •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	50	EGD		•Inamdar Sumant			IV general anesthesia	•Gastrointestinal hemorrhage, unspecified		•Abnormal mucosa (gastroesophageal junction) •Abnormal mucosa (antrum) •Stent •Deformity (duodenal bulb)			•There were no apparent limitations or complications	
M	71	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis	•Fentanyl50 mcg •Versed3 mg	•Additional Finding •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
F	47	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Additional Finding •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
F	41	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Esophagitis (gastroesophageal junction and lower third of the esophagus) •Hiatal Hernia •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	63	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	69	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl50 mcg •Versed4 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage		•Normal mucosa (whole examined duodenum) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Fentanyl100 mcg •Versed9 mg	•Additional Finding •Additional Finding •Additional Finding				
M	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Malignant tumor of esophagus •Barrett's Epithelium		•Abnormal mucosa (gastroesophageal junction) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	70	EGD		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas •Abdominal pain		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	41	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	51	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
F	55	EGD		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	22	EGD		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	88	EGD		•Tellezavila Felix			Moderate sedation	•"prominent " ampulla		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	58	EGD		•Inamdar Sumant			Moderate sedation	•Melena	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Additional Finding •Abnormal mucosa (antrum) •Angioectasia (duodenal bulb and second part of the duodenum)			•There were no apparent limitations or complications	
M	62	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Polyp (antrum, 3 mm)			•There were no apparent limitations or complications	
M	65	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, oral phase		•Mass (gastroesophageal junction, 3 cm) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Stricture of esophagus •Esophageal obstruction		•Stricture •Gastrostomy (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
M	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Long segment Barrett's esophagus •Barretts esophagus with dysplasia		•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	86	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	55	EGD		•Inamdar Sumant			MAC with IV sedation	•GERD •Esophageal obstruction		•Stricture (gastroesophageal junction) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis		•Abnormal mucosa (antrum) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal stricture •Other diseases of stomach and duodenum		•Additional Finding •Abnormal mucosa (antrum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Duodenal polyp in D3 for attempted resection if appropriate •Polyp of stomach and duodenum		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
	52	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Gastritis, unspecified, without bleeding		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	44	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl100 mcg •Versed6 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa •Abnormal mucosa (anterior bulb)			•There were no apparent limitations or complications	
M	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	70	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Versed5 mg	•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	80	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal perforation s/p surgical repair with persistent leak and fistula at the duodenum s/p endoscopic reapiir		•Gastrostomy (stomach body) •Abnormal mucosa •Normal esophagus			•There were no apparent limitations or complications	
M	56	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Abnormal mucosa (gastroesophageal junction) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
	41	EGD		•Tellezavila Felix			Moderate sedation	•Barretts esophagus	•Fentanyl150 mcg •Benadryl50 mg •Versed10 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Barrett's Esophagus			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	76	EGD		•Inamdar Sumant			MAC with IV sedation	•Cricopharyngeal bar		•Stricture •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	61	EGD		•Tellezavila Felix			Moderate sedation	•Cirrhosis, unspecified	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Malignant tumor of esophagus •Barretts esophagus with dysplasia		•Barrett's Esophagus			•There were no apparent limitations or complications	
F	59	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus •Nodule (the noted Barrett's mucosal segment) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Previous Surgery •Abnormal mucosa (area at and just proximal to the squamo-columnar junction) •Normal duodenum			•There were no apparent limitations or complications	
	61	EGD		•Inamdar Sumant			Moderate sedation	•Anemia of unknown etiology	•Fentanyl100 mcg •Versed5 mg	•Hiatal Hernia •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	58	EGD		•Tellezavila Felix			Moderate sedation	•Other diseases of stomach and duodenum	•Fentanyl100 mcg •Versed6 mg •Zofran4 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	56	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric cancer		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	40	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal pain	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole stomach) •Polyp (fundus, 5 mm to 8 mm) •Normal mucosa (whole examined duodenum) •Normal esophagus			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus without dysplasia		•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	70	EGD		•Inamdar Sumant			MAC with IV sedation	•Melena		•Normal duodenum •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	27	EGD		•Tellezavila Felix			MAC	•Dyspepsia		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	42	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	58	EGD		•Tellezavila Felix			IV anesthesia	•Esophageal dysphagia		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
	69	EGD		•Tellezavila Felix			MAC	•BE		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Hiatal Hernia •Abnormal mucosa (area at and just proximal to the squamo-columnar junction)			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Additional Finding •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			Moderate sedation	•GI Bleed	•Fentanyl100 mcg •Versed5 mg	•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
M	79	EGD		•Inamdar Sumant			Moderate sedation	•Coffee ground emesis	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa (duodenal bulb and second part of the duodenum) •Abnormal mucosa (antrum) •Esophagitis (gastroesophageal junction and lower third of the esophagus)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	38	EGD		•Inamdar Sumant			Moderate sedation	•Esophageal varices with bleeding	•Fentanyl100 mcg •Versed6 mg	•Abnormal mucosa (stomach body) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	26	EGD		•Inamdar Sumant			IV general anesthesia	•GI bleeding		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal duodenum			•There were no apparent limitations or complications	
M	76	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus with dysplasia		•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	75	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus with dysplasia		•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	86	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholelithiasis		•Abnormal mucosa (antrum) •Hiatal Hernia •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	68	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	49	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding •Other diseases of stomach and duodenum		•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
	37	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding •Other diseases of stomach and duodenum		•Varices (lower third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia		•Additional Finding •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	82	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Additional Finding •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	82	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	80	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia of unknown etiology •Iron deficiency anemia •Dysphagia	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Polyp of duodenum		•Polyp •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Abnormal liver function test •Liver transplant status		•Abnormal mucosa (antrum) •Abnormal mucosa (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
M	57	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Barrett's Esophagus •Abnormal mucosa (antrum) •Hiatal Hernia •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Pancreatitis, chronic •Abdominal pain •Genetic mutation		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	55	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding •Other diseases of stomach and duodenum		•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	42	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
	38	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl200 mcg •Versed9 mg	•Normal mucosa (whole examined duodenum) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
	52	EGD		•Inamdar Sumant			MAC with IV sedation	•Polyp, gastric adenomatous		•Additional Finding •Polyp •Normal esophagus			•There were no apparent limitations or complications	
F	20	EGD		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	61	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding, Anemia	•Fentanyl50 mcg •Versed6 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	84	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	89	EGD		•Anastasiou Ioannis			Moderate sedation	•GI bleeding		•Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	71	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium;LGD in 8/2020 on EMR		•Barrett's Esophagus •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
M	82	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	38	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa (whole stomach) •Abnormal mucosa (first part of the duodenum and second part of the duodenum)			•There were no apparent limitations or complications	
M	40	EGD		•Anastasiou Ioannis			Moderate sedation	•Caustic esophageal injury		•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	82	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	72	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal dysphagia	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Hiatal Hernia •Normal mucosa (whole examined duodenum) •Abnormal mucosa (stomach body)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Coffee ground emesis	•Fentanyl100 mcg •Versed6 mg	•Abnormal mucosa •Additional Finding •Abnormal mucosa			•There were no apparent limitations or complications	
M	73	EGD		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•Food (stomach body) •Esophagitis (gastroesophageal junction) •Stricture (first part of the duodenum and second part of the duodenum)			•There were no apparent limitations or complications	
M	74	EGD		•Tellezavila Felix			MAC	•dysphagia		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus) •Hiatal Hernia			•There were no apparent limitations or complications	
M	81	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Versed2 mg	•Normal mucosa (whole esophagus) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	56	EGD		•Tellezavila Felix			Moderate sedation	•SEL in the stomach		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	72	EGD		•Tellezavila Felix			IV general anesthesia	•SEL D2		•Polyp (2 mm) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	37	EGD		•Anastasiou Ioannis			Moderate sedation	•CD (Crohn's disease)	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	63	EGD		•Tellezavila Felix			Moderate sedation	•esophageal cancer		•Mass (lower third of the esophagus, 10 cm) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	70	EGD		•Tellezavila Felix			MAC	•Barrett's Epithelium		•Abnormal mucosa •Abnormal mucosa (area at and just proximal to the squamo-columnar junction) •Normal mucosa (whole examined duodenum) •Hiatal Hernia			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	65	EGD		•Tellezavila Felix			IV general anesthesia	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Coffee ground emesis	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal findings on dx imaging of prt digestive tract •Other specified diseases of pancreas		•Additional Finding •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Fistula		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Additional Finding			•There were no apparent limitations or complications	
M	85	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	24	EGD		•Tellezavila Felix			Moderate sedation	•GERD	•Fentanyl125 mcg •Versed10 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	63	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
	58	EGD		•Inamdar Sumant			IV general anesthesia	•Barrett's esophagus with low grade dysplasia		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	78	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Cyst of pancreas		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	47	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal varices without bleeding •Cirrhosis, unspecified		•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
	63	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain unexplained •Cystic lesion HOP/NOP, abrupt PD cut off, abnormal LFT and CA 199		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus with low grade dysplasia •Dysphagia		•Additional Finding			•There were no apparent limitations or complications	
F	75	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Additional Finding •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	69	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium with intramucosal cancer		•Normal mucosa (whole esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	40	EGD		•Inamdar Sumant			MAC with IV sedation	•GERD •Dysphagia		•Hiatal Hernia •Esophagitis (gastroesophageal junction and lower third of the esophagus) •Abnormal mucosa (antrum and stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	53	EGD		•Inamdar Sumant			MAC with IV sedation	•Varices, esophageal		•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	47	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl50 mcg •Benadryl25 mg •Versed8 mg	•Esophagitis (gastroesophageal junction) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Elevated LFTs •Biliary stricture		•Varices (lower third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	80	EGD		•Tellezavila Felix			Moderate sedation	•esophageal varices	•Fentanyl75 mcg •Versed6 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa •Previous Surgery (stomach body)			•There were no apparent limitations or complications	
	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding		•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	43	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal finding on imaging •Esophageal cancer	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Additional Finding •Additional Finding •Normal duodenum			•There were no apparent limitations or complications	
M	21	EGD		•Tellezavila Felix			MAC	•Esophageal dysphagia		•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	36	EGD		•Tellezavila Felix			MAC	•Esophageal dysphagia		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	55	EGD		•Tellezavila Felix			MAC	•esophageal mass		•Mass (lower third of the esophagus, 5 cm) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Normal mucosa (whole stomach) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia •GERD (gastroesophageal reflux disease)		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	84	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia •Dysphagia, cricopharyngeal		•Additional Finding •Additional Finding •Normal duodenum			•There were no apparent limitations or complications	
	58	EGD		•Tellezavila Felix			MAC	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	72	EGD		•Anastasiou Ioannis			Moderate sedation	•Duodenal adenoma		•Abnormal mucosa •Normal mucosa (whole stomach) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis •Hematemesis	•Versed3 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal stricture		•Abnormal mucosa •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	72	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl25 mcg •Versed2 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (stomach body)				
M	38	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis	•Versed3 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	38	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Other diseases of stomach and duodenum		•Normal mucosa (whole esophagus) •Abnormal mucosa •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	89	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Fentanyl25 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Hepatocellular carcinoma		•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	89	EGD		•Anastasiou Ioannis			Moderate sedation	•GI bleeding		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Additional Finding			•There were no apparent limitations or complications	
M	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal mass		•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	69	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD (gastroesophageal reflux disease) •Iron deficiency		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	61	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis, unspecified •Esophageal varices without bleeding		•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric ulcer, unspecified as acute or chronic, without hemo		•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	74	EGD		•Anastasiou Ioannis			Moderate sedation	•Nodule of esophagus		•Additional Finding •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	48	EGD		•Anastasiou Ioannis			Moderate sedation	•Crohn disease		•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Epigastric pain •Hematemesis	•Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Hiatal Hernia •Abnormal mucosa (stomach body)			•There were no apparent limitations or complications	
M	24	EGD		•Anastasiou Ioannis			Moderate sedation	•RUQ pain		•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	75	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Abnormal finding on imaging		•Additional Finding •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	32	EGD		•Anastasiou Ioannis			Moderate sedation	•Hematemesis		•Normal mucosa (whole examined duodenum) •Additional Finding •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	26	EGD		•Anastasiou Ioannis			Moderate sedation	•RUQ pain		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Neoplasm of uncertain behavior of stomach •Other diseases of stomach and duodenum •Liver metastases		•Normal mucosa (whole esophagus) •Additional Finding •Normal duodenum			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting	•Fentanyl75 mcg •Versed5 mg	•Additional Finding •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	37	EGD		•Anastasiou Ioannis			Moderate sedation	•Diarrhea •Abdominal pain		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	68	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl50 mcg •Benadryl50 mg •Versed5 mg	•Varices (lower third of the esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	49	EGD		•Anastasiou Ioannis			Moderate sedation	•Crohn disease	•Fentanyl150 mcg •Benadryl50 mg •Versed8 mg	•Abnormal mucosa (antrum) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	77	EGD		•Anastasiou Ioannis			Moderate sedation							
	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Coffee ground emesis •Other diseases of stomach and duodenum	•Versed2 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis •Hematemesis		•Varices (lower third of the esophagus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	30	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	58	EGD		•Tellezavila Felix			Moderate sedation	•Dysphagia	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	36	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Abdominal pain		•Additional Finding •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	74	EGD		•Anastasiou Ioannis			Moderate sedation	•Polyp of stomach and duodenum •Duodenal polyp		•Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	54	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices with bleeding	•Fentanyl100 mcg •Benadryl25 mg •Versed9 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	92	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	56	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Other diseases of stomach and duodenum		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	
M	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal mass		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis •Varices, esophageal		•Varices (lower third of the esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	56	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Mass of head of pancreas		•Additional Finding •Abnormal mucosa (stomach body) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	65	EGD		•Anastasiou Ioannis			Moderate sedation	•Encounter for surgical aftercare following surgery on the di •GI bleeding •History of Roux-en-Y gastric bypass		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
	57	EGD		•Tellezavila Felix			MAC	•Esophageal varices without bleeding		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	75	EGD		•Tellezavila Felix			IV general anesthesia	•Hx Whipple + LFT abnormalities		•Previous Surgery (anastomosis) •Abnormal mucosa (antrum) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	27	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Gastroparesis		•Normal mucosa (whole examined duodenum) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	49	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Esophageal varices without bleeding		•Varices (lower third of the esophagus) •Abnormal mucosa •Normal duodenum			•There were no apparent limitations or complications	
F	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Diarrhea		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Diarrhea		•Normal mucosa (whole esophagus) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	47	EGD		•Anastasiou Ioannis			Moderate sedation	•Dyspepsia		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	84	EGD		•Tellezavila Felix			MAC	•Large flat duodenal adenoma not endoscopically resectable, currently asymptomatic. For attempted ablation.		•Abnormal mucosa (pre-pyloric region) •Polyp (first part of the duodenum, second part of the duodenum and third part of the duodenum, 6 cm to 7 cm) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Diarrhea		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	26	EGD		•Anastasiou Ioannis			Moderate sedation	•Crohn disease	•Fentanyl100 mcg •Benadryl50 mg •Versed7 mg	•Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	52	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl150 mcg •Versed10 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	45	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Versed3 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	65	EGD		•Inamdar Sumant			IV general anesthesia	•History of liver transplant, recent pancreatitis, Cholestatic LFT, MRI - ? stricture / mismatch, abdominal pain better. History of choking episodes? Achalasia on CT		•Abnormal mucosa (antrum) •Abnormal Motility •Normal duodenum			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	84	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Porta hepatis mass		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Dysphagia •GERD (gastroesophageal reflux disease)		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric ulcer •GERD (gastroesophageal reflux disease)		•Additional Finding •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	52	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea & vomiting	•Fentanyl100 mcg •Versed7 mg	•Normal mucosa (whole esophagus) •Abnormal mucosa •Abnormal mucosa			•There were no apparent limitations or complications	
	51	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric ulcer •GERD (gastroesophageal reflux disease)		•Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	33	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD (gastroesophageal reflux disease)		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)				
F	73	EGD		•Anastasiou Ioannis			Moderate sedation	•Diarrhea		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Additional Finding			•There were no apparent limitations or complications	
M	77	EGD		•Anastasiou Ioannis			Moderate sedation	•Coffee ground emesis		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Epigastric pain		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	84	EGD		•Inamdar Sumant			MAC with IV sedation	•Melena		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices without bleeding •Cirrhosis, unspecified		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	78	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Deformity (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	68	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	48	EGD		•Inamdar Sumant			MAC with IV sedation	•Polyp, gastric hypertrophic		•Previous Surgery (stomach body) •Polyp (stomach body, 1.5 cm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	67	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abdominal pain •Elevated liver function tests		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	62	EGD		•Tellezavila Felix			Moderate sedation	•GERD	•Fentanyl100 mcg •Versed8 mg	•Abnormal mucosa •Normal mucosa (whole esophagus) •Normal duodenum			•There were no apparent limitations or complications	
	48	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's esophagus without dysplasia		•Hiatal Hernia •Barrett's Esophagus •Normal duodenum			•There were no apparent limitations or complications	
M	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric mass		•Mass (pre-pyloric region and incisura of the stomach, 6 cm) •Additional Finding •Normal duodenum			•There were no apparent limitations or complications	
M	42	EGD		•Tellezavila Felix			IV general anesthesia	•BE with HGD		•Hiatal Hernia •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Barrett's Esophagus			•There were no apparent limitations or complications	
F	66	EGD		•Tellezavila Felix			Moderate sedation	•nodule in D2		•Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole stomach) •Ulcer (duodenal bulb)			•There were no apparent limitations or complications	
F	55	EGD		•Anastasiou Ioannis			Moderate sedation	•GI Bleed		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	69	EGD		•Tellezavila Felix			IV general anesthesia	•Esophageal dysphagia		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	49	EGD		•Tellezavila Felix			MAC	•Gastric NET, previous sub total gastrectomy for evaluation / resection		•Previous Surgery (anastomosis) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	66	EGD		•Tellezavila Felix			Moderate sedation	•Cirrhosis, variceal screening- ALD, off alcohol, getting regular paracentesis	•Fentanyl50 mcg •Versed5 mg	•Abnormal mucosa •Varices (lower third of the esophagus) •Polyp (second part of the duodenum, 2 mm) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	66	EGD		•Inamdar Sumant			MAC with IV sedation	•Anemia of unknown etiology		•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	67	EGD		•Inamdar Sumant			MAC with IV sedation	•Nausea		•Abnormal mucosa (antrum) •Esophagitis (gastroesophageal junction) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	44	EGD		•Anastasiou Ioannis			Moderate sedation	•RUQ pain		•Normal mucosa (whole esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	77	EGD		•Anastasiou Ioannis			Moderate sedation	•Zenker's diverticulum •Dysphagia		•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	79	EGD		•Anastasiou Ioannis			Moderate sedation	•Cyst of pancreas •Other diseases of stomach and duodenum •Gastritis, unspecified, without bleeding •Heartburn		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	46	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal carcinoma		•Additional Finding •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	85	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	45	EGD		•Inamdar Sumant			IV general anesthesia	•Cyst of pancreas •Obstruction of duodenum •Pseudocyst, pancreatic •Abdominal pain		•Deformity (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	68	EGD		•Tellezavila Felix			MAC	•Esophageal Squamous cell CA, tumor recurrence, dysphagia, EUS staging ?? PEG tube / stent placement		•Previous Surgery (anastomosis and lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	65	EGD		•Anastasiou Ioannis			Moderate sedation	•Polyp of duodenum		•Abnormal mucosa (antrum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Polyp, stomach		•Additional Finding •Normal mucosa (whole examined duodenum) •Polyp (cardia, 5 mm to 4 cm) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Nausea		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	69	EGD		•Tellezavila Felix			MAC	•VCE deployment		•Barrett's Esophagus •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	73	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus without dysplasia •Barretts with intramucosal cancer GEJ EMR at MD Anderson, for ongoing ablation and surveillance •Diaphragmatic hernia without obstruction or gangrene		•Additional Finding •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	60	EGD		•Inamdar Sumant			IV general anesthesia	•Anemia of unknown etiology		•Abnormal mucosa (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	35	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD (gastroesophageal reflux disease)		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	33	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea •Dyspepsia •Dysphagia		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	45	EGD		•Inamdar Sumant			MAC with IV sedation	•Subepithelial esophageal mass		•Normal mucosa (whole esophagus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	84	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric polyps		•Polyp (stomach body, 5 mm to 4 cm) •Hiatal Hernia •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	82	EGD		•Inamdar Sumant			MAC with IV sedation	•Surveillance of Barrett's Esophagus		•Abnormal mucosa (area at and just proximal to the squamo-columnar junction) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	67	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	72	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia •Anastomotic stricture of stomach		•Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Angioectasia (incisura of the stomach) •Angioectasia (incisura of the stomach)			•There were no apparent limitations or complications	
M	45	EGD		•Tellezavila Felix			Moderate sedation	•N/V		•Abnormal mucosa (antrum and stomach body) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	31	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	32	EGD		•Tellezavila Felix			MAC	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	42	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•Enlarged Gastric Folds (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	61	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	58	EGD		•Inamdar Sumant			MAC with IV sedation	•gastric outlet obstruction		•Stricture (second part of the duodenum) •Previous Surgery (stomach body) •Normal esophagus			•There were no apparent limitations or complications	
F	56	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Mass of head of pancreas		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	57	EGD		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test		•Abnormal mucosa (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	55	EGD		•Tellezavila Felix			MAC	•Esophageal varices without bleeding		•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
	57	EGD		•Tellezavila Felix			MAC	•GERD + prob BE		•Barrett's Esophagus •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	78	EGD		•Tellezavila Felix			MAC	•gastric adenoma		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Polyp (stomach body and fundus, 10 mm to 12 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
F	82	EGD		•Tellezavila Felix			MAC	•esophageal ulcer		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	83	EGD		•Tellezavila Felix			Moderate sedation	•Barrett's esophagus		•Abnormal mucosa (area at and just proximal to the squamo-columnar junction) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
	71	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Other specified disease of esophagus		•Abnormal mucosa (antrum) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	72	EGD		•Tellezavila Felix			Moderate sedation	•dysphagia	•Fentanyl100 mcg •Versed8 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Abdominal pain	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Additional Finding			•There were no apparent limitations or complications	
F	78	EGD		•Inamdar Sumant			MAC with IV sedation	•Unexplained weight loss •Abdominal pain •Dyspepsia		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Deformity (stomach body) •Normal esophagus			•There were no apparent limitations or complications	
M	28	EGD		•Inamdar Sumant			MAC with IV sedation	•Coffee ground emesis •Anemia of unknown etiology		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	61	EGD		•Inamdar Sumant			IV general anesthesia	•Duodenal stricture		•Deformity (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
	68	EGD		•Tellezavila Felix			Moderate sedation	•Attempted closure of the Gastrogastrostomy	•Fentanyl50 mcg •Versed4 mg	•Previous Surgery (anastomosis) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	84	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia •Zenkers diverticulum		•Additional Finding •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (Z-line and gastroesophageal junction)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	20	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastroparesis		•Stenosis (pylorus) •Stenosis (pylorus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia •Barrett's esophagus with low grade dysplasia		•Stricture (lower third of the esophagus and gastroesophageal junction) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
M	66	EGD		•Tellezavila Felix			Moderate sedation	•screening varices	•Fentanyl100 mcg •Benadryl50 mg •Versed8 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	57	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Additional Finding •Normal esophagus			•There were no apparent limitations or complications	
F	82	EGD		•Anastasiou Ioannis			Moderate sedation	•Choledocholithiasis •Other diseases of stomach and duodenum •Right upper quadrant abdominal pain		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Choledocholithiasis •Right upper quadrant abdominal pain •Other diseases of stomach and duodenum		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	37	EGD		•Tellezavila Felix			Moderate sedation	•Groove pancreatitis		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	46	EGD		•Tellezavila Felix			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
M	39	EGD		•Anastasiou Ioannis			Moderate sedation	•Celiac disease		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Additional Finding			•There were no apparent limitations or complications	
M	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia •Stricture, esophageal radiation		•Additional Finding •Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	46	EGD		•Tellezavila Felix			MAC	•Esophageal varices with bleeding		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	74	EGD		•Tellezavila Felix			MAC	•Barrett esophagus		•Barrett's Esophagus •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia		•Additional Finding •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	37	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage		•Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	18	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Deformity (duodenal bulb) •Normal esophagus			•There were no apparent limitations or complications	
F	67	EGD		•Inamdar Sumant			IV general anesthesia	•Lynch Syndrome •Biliary sludge •Abdominal pain		•Polyp (stomach body, 5 mm to 6 mm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	72	EGD		•Inamdar Sumant			IV general anesthesia	•Right upper quadrant abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	66	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Candidiasis (middle third of the esophagus and upper third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	61	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Abnormal mucosa (antrum) •Normal mucosa (first part of the duodenum and second part of the duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	56	EGD		•Inamdar Sumant			Moderate sedation	•Abdominal pain		•Esophagitis (gastroesophageal junction) •Abnormal mucosa (antrum) •Normal duodenum			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	68	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (gastroesophageal junction and lower third of the esophagus) •Normal mucosa (whole stomach) •Normal duodenum			•There were no apparent limitations or complications	
M	72	EGD		•Tellezavila Felix			MAC	•Esophageal obstruction		•Normal mucosa (whole examined duodenum) •foreign body (upper third of the esophagus) •Stricture (upper third of the esophagus) •Stricture (upper third of the esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	56	EGD		•Tellezavila Felix			Moderate sedation	•BE		•Barrett's Esophagus •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	68	EGD		•Tellezavila Felix			Moderate sedation							
M	62	EGD		•Tellezavila Felix			MAC	•stent removal		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •foreign body (stomach body)			•There were no apparent limitations or complications	
F	58	EGD		•Tellezavila Felix			MAC	•Esophageal varices without bleeding •Polyp of duodenum		•Varices (lower third of the esophagus) •Abnormal mucosa •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Additional Finding •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum and stomach body)			•There were no apparent limitations or complications	
F	87	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	50	EGD		•Tellezavila Felix			Moderate sedation	•Abdominal pain	•Fentanyl50 mcg •Benadryl50 mg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	

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F	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Generalized abdominal pain •Pancreatitis, chronic		•Additional Finding •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	84	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Abnormal mucosa •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	78	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett esophagus		•Additional Finding •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	61	EGD		•Anastasiou Ioannis			Moderate sedation	•Other specified diseases of biliary tract •Other diseases of stomach and duodenum		•Normal mucosa (whole esophagus) •Additional Finding •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	44	EGD		•Tellezavila Felix			Moderate sedation							
F	81	EGD		•Tellezavila Felix			MAC	•BE HGD		•Normal mucosa (whole examined duodenum) •Barrett's Esophagus •Polyp (fundus)			•There were no apparent limitations or complications	
	79	EGD		•Tellezavila Felix			MAC	•Barrett's esophagus without dysplasia		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
F	23	EGD		•Tellezavila Felix			MAC	•SEL D2		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	48	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa (Z-line and gastroesophageal junction) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	49	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	74	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Benadryl50 mg •Versed5 mg	•Abnormal mucosa •Additional Finding •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	33	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea •Abdominal pain		•Abnormal mucosa •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	68	EGD		•Tellezavila Felix			Moderate sedation	•Other diseases of stomach and duodenum		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	49	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Biliary anastomotic stricture		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	28	EGD		•Tellezavila Felix			MAC	•GERD		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
F	20	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	71	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	76	EGD		•Tellezavila Felix			MAC	•gastric ulcer		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Enlarged Gastric Folds (antrum)			•There were no apparent limitations or complications	
M	67	EGD		•Anastasiou Ioannis			Moderate sedation	•Coffee ground emesis	•Fentanyl150 mcg •Benadryl50 mg •Versed7 mg	•Angioectasia (stomach body) •Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastrointestinal hemorrhage		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	67	EGD		•Tellezavila Felix			MAC	•esophageal stricture		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Hiatal Hernia •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	76	EGD		•Tellezavila Felix			IV general anesthesia	•gastric cancer		•Deformity (fundus) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	81	EGD		•Anastasiou Ioannis			Moderate sedation	•Coffee ground emesis	•Versed2 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	52	EGD		•Tellezavila Felix			Moderate sedation	•Screen for varices	•Fentanyl50 mcg •Benadryl25 mg •Versed4 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus with dysplasia		•Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	78	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal stricture •Esophageal dysphagia		•Additional Finding •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
	57	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis, unspecified		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	75	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	57	EGD		•Tellezavila Felix			MAC	•Esophageal varices without bleeding		•Varices (lower third of the esophagus) •Abnormal mucosa •Abnormal mucosa •Abnormal mucosa (duodenal bulb)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Chronic pancreatitis •Cyst of pancreas		•Additional Finding •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	47	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole esophagus) •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's Epithelium •Other specified disease of esophagus		•Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	69	EGD		•Tellezavila Felix			MAC	•Barrett esophagus		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Barrett's Esophagus			•There were no apparent limitations or complications	
M	50	EGD		•Anastasiou Ioannis			Moderate sedation	•Foreign body, gastric		•Normal mucosa (whole esophagus) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Varices, esophageal •Other diseases of stomach and duodenum •Esophageal varices without bleeding		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	71	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia •Achalasia		•Additional Finding •Additional Finding •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	72	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole stomach) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	76	EGD		•Tellezavila Felix			Moderate sedation	•screening varices		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	76	EGD		•Anastasiou Ioannis			Moderate sedation	•Abnormal weight loss		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	30	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea vomiting and diarrhea		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Liver transplant status •Abnormal liver function test		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	61	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Esophagitis (gastroesophageal junction) •Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
	75	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed3 mg	•Abnormal mucosa •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	36	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	73	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Thickened gastric fold		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	66	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•Stricture (upper third of the esophagus) •Barrett's Esophagus •Hiatal Hernia •Polyp (duodenal bulb, 5 mm to 1 mm)			•There were no apparent limitations or complications	
F	61	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	67	EGD		•Inamdar Sumant			IV general anesthesia	•Cholelithiasis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	72	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric nodule		•Nodule (antrum) •Polyp (fundus and stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Stricture of esophagus •Esophageal obstruction		•Gastrostomy •Stricture (middle third of the esophagus and lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	39	EGD		•Tellezavila Felix			MAC	•Esophageal varices		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
	51	EGD		•Tellezavila Felix			MAC	•Abdominal pain		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	62	EGD		•Inamdar Sumant			MAC with IV sedation	•Duodenal neuroendocrine tumor, gastric nodule •Barretts esophagus with dysplasia		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Abnormal mucosa (area at and just proximal to the squamo-columnar junction)			•There were no apparent limitations or complications	
F	62	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Varices (lower third of the esophagus) •Abnormal mucosa (antrum) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
M	46	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatitis, chronic		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	77	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting	•Fentanyl50 mcg •Versed5 mg	•Abnormal mucosa •Abnormal mucosa (antrum) •Hiatal Hernia •Abnormal mucosa (gastroesophageal junction)			•There were no apparent limitations or complications	
F	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed2 mg	•Hiatal Hernia •Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal obstruction		•Hiatal Hernia •Stricture •Normal duodenum			•There were no apparent limitations or complications	
M	82	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal cancer		•Normal mucosa (whole esophagus) •Stent (antrum) •Normal duodenum			•There were no apparent limitations or complications	
F	75	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	53	EGD		•Tellezavila Felix			Moderate sedation	•SEL in the cardias		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	
M	41	EGD		•Tellezavila Felix			Moderate sedation							
M	44	EGD		•Tellezavila Felix			MAC	•FAP (familial adenomatous polyposis)		•Polyp (fundus and stomach body, 3 mm to 10 mm) •Polyp (duodenal bulb, 3 mm) •Normal mucosa (whole esophagus) •Polyp (pylorus, 15 mm)		•The polyp was completely removed.	•There were no apparent limitations or complications	
M	54	EGD		•Tellezavila Felix			MAC	•nodularity in the EGJ		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Hiatal Hernia			•There were no apparent limitations or complications	
F	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Melena	•Fentanyl50 mcg •Versed2 mg	•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	60	EGD		•Tellezavila Felix			IV general anesthesia	•Gastric polyp		•Polyp (fundus, 10 mm) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Previous Surgery			•There were no apparent limitations or complications	
M	70	EGD		•Tellezavila Felix			MAC	•Esophageal varices without bleeding		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Pancreatitis, chronic •Gastric bypass status for obesity •Biliary obstruction •Other diseases of stomach and duodenum		•Additional Finding •Normal mucosa (whole esophagus) •Additional Finding •Additional Finding			•There were no apparent limitations or complications	
M	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Mass of pancreas •Other diseases of stomach and duodenum		•Additional Finding •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	76	EGD		•Anastasiou Ioannis			Moderate sedation	•Generalized abdominal pain		•Normal mucosa (whole examined duodenum) •Additional Finding •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	65	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	51	EGD		•Inamdar Sumant			MAC with IV sedation	•GI Bleed		•Varices (lower third of the esophagus and middle third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
F	47	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	64	EGD		•Inamdar Sumant			MAC with IV sedation	•Barrett's esophagus with esophageal cancer		•Barrett's Esophagus •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	48	EGD		•Anastasiou Ioannis			Moderate sedation	•Common bile duct (CBD) stricture		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	66	EGD		•Inamdar Sumant			MAC with IV sedation	•Adenomatous duodenal polyp		•Polyp (second part of the duodenum, 2 cm) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	60	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal varices without bleeding		•Varices (lower third of the esophagus) •Abnormal mucosa (stomach body) •Normal duodenum			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	44	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Gastroesophageal reflux disease		•Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	76	EGD		•Anastasiou Ioannis			Moderate sedation	•Gastric polyp •Other diseases of stomach and duodenum		•Additional Finding •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	56	EGD		•Tellezavila Felix			MAC	•Esophageal obstruction		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach) •Stricture (lower third of the esophagus) •Stricture (lower third of the esophagus)			•There were no apparent limitations or complications	
	58	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Esophageal varices without bleeding		•Normal mucosa (whole stomach) •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	55	EGD		•Tellezavila Felix			MAC	•GI Bleed		•Additional Finding •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
M	54	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices with bleeding		•Abnormal mucosa (stomach body) •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	59	EGD		•Anastasiou Ioannis			Moderate sedation	•Generalized abdominal pain •Diarrhea		•Normal mucosa (whole examined duodenum) •Additional Finding •Abnormal mucosa (antrum and stomach body)			•There were no apparent limitations or complications	
F	62	EGD		•Anastasiou Ioannis			Moderate sedation	•GERD (gastroesophageal reflux disease)		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	63	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Versed3 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	60	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Benadryl25 mg •Versed7 mg	•Varices (lower third of the esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum) •Esophagitis (gastroesophageal junction)			•There were no apparent limitations or complications	
F	41	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
M	54	EGD		•Inamdar Sumant			Moderate sedation	•GI Bleed		•Abnormal mucosa (duodenal bulb) •Nodule (stomach body) •Normal esophagus			•There were no apparent limitations or complications	
F	81	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	69	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •variceal screening •Esophageal varices without bleeding		•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	62	EGD		•Anastasiou Ioannis			Moderate sedation	•Hx of esophageal varices		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (stomach body)			•There were no apparent limitations or complications	
M	54	EGD		•Anastasiou Ioannis			Moderate sedation	•GI Bleed •Other diseases of stomach and duodenum		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	35	EGD		•Tellezavila Felix			Moderate sedation	•Abdo pain, Hematemesis 4d, Malena, Hb drop, Occasional aspirin	•Fentanyl150 mcg •Benadryl50 mg •Versed10 mg	•Mallory Weiss (gastroesophageal junction) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	66	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus without dysplasia		•Nodule (the noted Barrett's mucosal segment at 38 cm) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	63	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain unexplained •Cystic lesion HOP/NOP, abrupt PD cut off, abnormal LFT and CA 199		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	69	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholecysto-cutaneous fistula		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	75	EGD		•Tellezavila Felix			Moderate sedation	•Duodenal ulcer, unspecified as acute or chronic, without hem		•Esophagitis (gastroesophageal junction) •Additional Finding •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	51	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	53	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal varices		•Additional Finding •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	61	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Benadryl25 mg •Versed6 mg	•Ulcer (lesser curvature) •Ulcer (Lesser curvature) •Ulcer (Lesser curvature) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
	52	EGD		•Inamdar Sumant			IV general anesthesia	•Epigastric pain		•Previous Surgery (stomach body) •Polyp (antrum, 5 mm to 8 mm) •Normal esophagus			•There were no apparent limitations or complications	
M	60	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	62	EGD		•Inamdar Sumant			IV general anesthesia	•Pancreatic cyst •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	49	EGD		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function test •Abdominal pain •Liver transplant status		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	43	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver tests •DCD liver •Liver transplant status		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	57	EGD		•Tellezavila Felix			MAC	•Esophageal varices without bleeding		•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa (lesser curvature)			•There were no apparent limitations or complications	
F	77	EGD		•Tellezavila Felix			Moderate sedation	•Barrett's esophagus		•Barrett's Esophagus •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	43	EGD		•Tellezavila Felix			MAC	•Barrett's esophagus without dysplasia		•Barrett's Esophagus			•There were no apparent limitations or complications	
M	43	EGD		•Tellezavila Felix			Moderate sedation	•GERD		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
	45	EGD		•Tellezavila Felix			Moderate sedation	•Hematemesis	•Fentanyl100 mcg •Benadryl25 mg •Versed8 mg	•Varices (lower third of the esophagus) •Abnormal mucosa •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	85	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	70	EGD		•Anastasiou Ioannis			Moderate sedation	•Neuroendocrine tumor		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
M	63	EGD		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	32	EGD		•Anastasiou Ioannis			Moderate sedation	•Kaposi's sarcoma of colon •Kaposi sarcoma •Kaposi's sarcoma of esophagus		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	69	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl50 mcg •Versed4 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	75	EGD		•Inamdar Sumant			IV general anesthesia	•Barrett's esophagus with high grade dysplasia •Esophageal cancer		•Abnormal mucosa (Z-line and gastroesophageal junction)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	68	EGD		•Tellezavila Felix			Moderate sedation	•Angiodysplasia of stomach and duodenum with bleeding	•Fentanyl50 mcg •Benadryl25 mg •Versed6 mg	•Normal mucosa (whole esophagus) •Angioectasia (stomach body)			•There were no apparent limitations or complications	
M	68	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia •Stricture, esophageal radiation		•Additional Finding			•There were no apparent limitations or complications	
F	61	EGD		•Inamdar Sumant			IV general anesthesia	•Gastric polyp		•Polyp (stomach body, 5 mm to 8 mm) •Polyp (pre-pyloric region, 2 cm) •Nodule (middle third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	63	EGD		•Inamdar Sumant			MAC with IV sedation	•Intramucosal cancer on biopsy s/p resection		•Abnormal mucosa (Z-line and gastroesophageal junction) •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	88	EGD		•Inamdar Sumant			Moderate sedation	•Diarrhea •Abdominal pain •Coffee ground emesis	•Fentanyl50 mcg •Versed3 mg	•Hiatal Hernia •Esophagitis (gastroesophageal junction and lower third of the esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
	58	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal obstruction		•Previous Surgery •Stricture •Normal duodenum			•There were no apparent limitations or complications	
	28	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting •Crohn's disease of large intestine without complications		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	81	EGD		•Anastasiou Ioannis			Moderate sedation	•Anemia	•Fentanyl75 mcg •Versed3 mg	•Abnormal mucosa (gastroesophageal junction) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	41	EGD		•Anastasiou Ioannis			Moderate sedation	•Coffee ground emesis	•Fentanyl100 mcg •Versed5 mg	•Additional Finding •Abnormal mucosa •Additional Finding			•There were no apparent limitations or complications	
F	57	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis		•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	35	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal dysphagia Hx of esophageal perforation post dilation		•Ring •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	41	EGD		•Anastasiou Ioannis			Moderate sedation	•Pancreatic necrosis •Abdominal pain •Cyst of pancreas		•Additional Finding •Additional Finding •Normal esophagus			•There were no apparent limitations or complications	
M	54	EGD		•Anastasiou Ioannis			Moderate sedation	•Barrett esophagus		•Normal mucosa (whole examined duodenum) •Barrett's Esophagus •Normal mucosa (whole stomach) •Hiatal Hernia			•There were no apparent limitations or complications	
M	73	EGD		•Tellezavila Felix			MAC	•screening varices		•Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	77	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum •Neuroendocrine neoplasm of small intestine •Diaphragmatic hernia without obstruction or gangrene		•Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	41	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea & vomiting		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
M	64	EGD		•Anastasiou Ioannis			Moderate sedation	•Esophageal stricture		•Additional Finding			•There were no apparent limitations or complications	
M	50	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal varices without bleeding •Portal hypertension		•Abnormal mucosa (stomach body) •Varices (lower third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
M	61	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	68	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
F	75	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal dysphagia	•Fentanyl50 mcg •Versed5 mg	•Previous Surgery (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	42	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •OLT for NASH Cirrhosis 5/21, suspected bile leak for attempted ERCP		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	55	EGD		•Inamdar Sumant			MAC with IV sedation	•Submucosal polyp of duodenum		•Polyp (duodenal bulb, 8 mm to 10 mm) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
M	44	EGD		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	53	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	23	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea & vomiting		•Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	35	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Mass of pancreas		•Abnormal mucosa (second part of the duodenum) •Abnormal mucosa (antrum) •Normal esophagus			•There were no apparent limitations or complications	
	50	EGD		•Tellezavila Felix			Moderate sedation	•Achalasia of cardia		•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	52	EGD		•Anastasiou Ioannis			Moderate sedation	•Upper abdominal pain		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	56	EGD		•Inamdar Sumant			MAC with IV sedation	•Esophageal varices without bleeding		•Abnormal mucosa (stomach body) •Varices (lower third of the esophagus) •Abnormal mucosa (duodenal bulb)			•There were no apparent limitations or complications	
F	41	EGD		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abdominal pain		•Abnormal mucosa •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	51	EGD		•Inamdar Sumant			IV general anesthesia	•Achalasia		•Abnormal Motility •Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	37	EGD		•Tellezavila Felix			IV general anesthesia	•Crohn disease		•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	36	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastroparesis		•Stenosis (pylorus) •Stenosis (pylorus) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	62	EGD		•Tellezavila Felix			Moderate sedation	•GVHD		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	60	EGD		•Tellezavila Felix			MAC	•Esophageal dysphagia		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	32	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•Abnormal mucosa (antrum) •Polyp (fundus, 5 mm to 8 mm) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	75	EGD		•Inamdar Sumant			MAC with IV sedation	•Gastric cancer		•Abnormal mucosa (Z-line and gastroesophageal junction) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	77	EGD		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholelithiasis		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	28	EGD		•Tellezavila Felix			MAC	•Abdominal pain		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
M	57	EGD		•Tellezavila Felix			MAC	•Esophageal varices without bleeding		•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
M	67	EGD		•Tellezavila Felix			Moderate sedation	•melena		•Diverticulum (middle third of the esophagus) •Normal mucosa (whole stomach) •Ulcer (duodenal bulb)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	55	EGD		•Tellezavila Felix			Moderate sedation	•GI bleeding	•Fentanyl100 mcg •Benadryl50 mg •Versed8 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•There were no apparent limitations or complications	
F	72	EGD		•Anastasiou Ioannis			Moderate sedation	•Dysphagia		•Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	69	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	50	EGD		•Inamdar Sumant			MAC with IV sedation	•GERD		•Abnormal mucosa (duodenal bulb) •Abnormal mucosa (antrum) •Normal mucosa (whole esophagus) •Hiatal Hernia			•There were no apparent limitations or complications	
M	48	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum		•Additional Finding •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	69	EGD		•Inamdar Sumant			MAC with IV sedation	•Peripancreatic mass •Abdominal pain		•Abnormal mucosa (antrum) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	48	EGD		•Tellezavila Felix			Moderate sedation	•GI Bleed	•Fentanyl50 mcg •Versed5 mg	•Varices (lower third of the esophagus) •Ulcer (antrum) •Normal mucosa (whole examined duodenum) •Ulcer			•There were no apparent limitations or complications	
	85	EGD		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Cyst of pancreas		•Additional Finding •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	41	EGD		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain •Other diseases of stomach and duodenum •Pancreatic necrosis		•Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	72	EGD		•Anastasiou Ioannis			Moderate sedation	•Other diseases of stomach and duodenum FHx of gastric cancer		•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
	68	EGD		•Inamdar Sumant			IV general anesthesia	•Biliary leak •Liver transplant status		•Abnormal mucosa (antrum) •Esophagitis (gastroesophageal junction and middle third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	46	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis		•Abnormal mucosa •Varices (lower third of the esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
F	40	EGD		•Tellezavila Felix			Moderate sedation	•Esophageal varices without bleeding	•Fentanyl100 mcg •Benadryl25 mg •Versed7 mg	•Normal mucosa (whole examined duodenum) •Abnormal mucosa •Varices (lower third of the esophagus)			•Poor tolerance	
F	45	EGD		•Anastasiou Ioannis			Moderate sedation	•Nausea and vomiting		•Normal mucosa (whole esophagus) •Abnormal mucosa (antrum) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
M	60	EGD		•Anastasiou Ioannis			Moderate sedation	•Cirrhosis		•Abnormal mucosa (antrum) •Esophagitis (gastroesophageal junction) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	
EGD/Insertion Luminal Stent														7
M	58	EGD/Insertion Luminal Stent		•Inamdar Sumant			IV general anesthesia	•Esophageal obstruction		•Abnormal mucosa (antrum) •Stricture •Normal duodenum			•There were no apparent limitations or complications	
M	58	EGD/Insertion Luminal Stent		•Inamdar Sumant			MAC with IV sedation	•Dysphagia		•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	64	EGD/Insertion Luminal Stent		•Anastasiou Ioannis			Moderate sedation	•Esophageal stricture		•Abnormal mucosa •Additional Finding •Abnormal mucosa			•There were no apparent limitations or complications	
	80	EGD/Insertion Luminal Stent		•Inamdar Sumant			IV general anesthesia	•Dysphagia, other •Esophageal obstruction		•Stricture (middle third of the esophagus) •Gastrostomy (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
M	78	EGD/Insertion Luminal Stent		•Anastasiou Ioannis			Moderate sedation	•Esophageal stricture		•Normal mucosa (whole examined duodenum) •Additional Finding •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	53	EGD/Insertion Luminal Stent		•Anastasiou Ioannis			Moderate sedation	•Barrett's esophagus with low grade dysplasia •Dysphagia •Esophageal stricture		•Polyp (fundus) •Stricture (gastroesophageal junction) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	50	EGD/Insertion Luminal Stent		•Anastasiou Ioannis			Moderate sedation	•Esophageal stricture •Other diseases of stomach and duodenum		•Additional Finding			•There were no apparent limitations or complications	
EGD/PEG Insertion														1
M	66	EGD/PEG Insertion		•Inamdar Sumant			IV general anesthesia	•Esophageal mass		•Mass				
EGD/PEG/Jejunal Extension Placement														18
	74	EGD/PEG/Jejunal Extension Placement		•Inamdar Sumant			Moderate sedation	•Esophageal dysphagia		•Additional Finding •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	72	EGD/PEG/Jejunal Extension Placement		•Inamdar Sumant			Moderate sedation	•Dysphagia, oral phase	•Cefazolin2 gm •Fentanyl50 mcg •Versed3 mg	•Additional Finding •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	59	EGD/PEG/Jejunal Extension Placement		•Inamdar Sumant			Moderate sedation	•Esophageal dysphagia	•Cefazolin2 gm •Fentanyl100 mcg •Versed5 mg	•Additional Finding •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	63	EGD/PEG/Jejunal Extension Placement		•Inamdar Sumant			Moderate sedation	•Dysphagia for PEG tube placement	•Fentanyl100 mcg •Versed5 mg	•Hiatal Hernia •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	79	EGD/PEG/Jejunal Extension Placement		•Inamdar Sumant			Moderate sedation	•Failure to thrive s/p gastrectomy for GIST with GJ	•Fentanyl100 mcg •Versed5 mg	•Additional Finding •Previous Surgery (stomach body) •Normal esophagus			•There were no apparent limitations or complications	
F	64	EGD/PEG/Jejunal Extension Placement		•Tellezavila Felix			Moderate sedation	•Esophageal dysphagia	•Cefazolin2 gm •Fentanyl100 mcg •Versed9 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	54	EGD/PEG/Jejunal Extension Placement		•Anastasiou Ioannis			Moderate sedation	•PEG tube	•Cefazolin1 gm •Fentanyl100 mcg •Versed5 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Normal mucosa (whole stomach) •Additional Finding			•There were no apparent limitations or complications	
F	44	EGD/PEG/Jejunal Extension Placement		•Anastasiou Ioannis			Moderate sedation	•PEG tube	•Cefazolin1 gm •Fentanyl100 mcg •Benadryl50 mg •Versed10 mg	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Gastrostomy •Normal mucosa (whole stomach) •Additional Finding			•There were no apparent limitations or complications	
F	70	EGD/PEG/Jejunal Extension Placement		•Anastasiou Ioannis			Moderate sedation	•PEG tube	•Cefazolin1 gm •Fentanyl100 mcg •Benadryl50 mg •Versed6 mg	•Normal mucosa (whole stomach) •Additional Finding •Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum)			•There were no apparent limitations or complications	

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M	69	EGD/PEG/Jejunal Extension Placement		•Inamdar Sumant			Moderate sedation	•Dysphagia, other •Dysphagia, other	•Fentanyl50 mcg •Benadryl50 mg •Versed5 mg	•Additional Finding •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	26	EGD/PEG/Jejunal Extension Placement		•Tellezavila Felix			MAC	•Nausea and vomiting	•Cefazolin2 gm	•Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus) •Abnormal mucosa			•There were no apparent limitations or complications	
M	71	EGD/PEG/Jejunal Extension Placement		•Tellezavila Felix			Moderate sedation	•PEG tube placement	•Fentanyl50 mcg •Versed4 mg	•Abnormal mucosa •Normal mucosa (whole examined duodenum) •Normal mucosa (whole esophagus)			•There were no apparent limitations or complications	
F	63	EGD/PEG/Jejunal Extension Placement		•Anastasiou Ioannis •Inamdar Sumant			Moderate sedation	•Other diseases of stomach and duodenum •N/V	•Fentanyl100 mcg •Benadryl50 mg •Versed7 mg	•Additional Finding •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
	80	EGD/PEG/Jejunal Extension Placement		•Inamdar Sumant			Moderate sedation	•Dysphagia, other	•Cefazolin2 gm	•Additional Finding •Stricture (middle third of the esophagus) •Normal duodenum			•There were no apparent limitations or complications	
F	64	EGD/PEG/Jejunal Extension Placement		•Inamdar Sumant			MAC with IV sedation	•GES - no delay. Planning on G-J extension •Nausea and vomiting		•Gastrostomy (stomach body) •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	83	EGD/PEG/Jejunal Extension Placement		•Inamdar Sumant			Moderate sedation	•Dysphagia, oral phase		•Additional Finding •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	32	EGD/PEG/Jejunal Extension Placement		•Tellezavila Felix			MAC	•Exchange of PEG tube		•Esophagitis (gastroesophageal junction) •Ulcer (duodenal bulb) •Previous Surgery			•There were no apparent limitations or complications	
F	77	EGD/PEG/Jejunal Extension Placement		•Tellezavila Felix			Moderate sedation	•Incapacity for swallowing	•Fentanyl50 mcg •Versed5 mg	•Normal mucosa (whole esophagus) •Normal mucosa (whole examined duodenum) •Additional Finding			•There were no apparent limitations or complications	
Endoscopic Submucosal Dissection Lower (ESD Lower)														5
M	78	Endoscopic Submucosal Dissection Lower (ESD Lower)		•Inamdar Sumant			IV general anesthesia	•Rectal polyp	•Cefazolin2 gm	•Polyp			•There were no apparent limitations or complications	
M	59	Endoscopic Submucosal Dissection Lower (ESD Lower)		•Inamdar Sumant			Moderate sedation	•Colon mass	•Cefazolin2 gm	•Mass			•There were no apparent limitations or complications	
F	57	Endoscopic Submucosal Dissection Lower (ESD Lower)		•Inamdar Sumant			IV general anesthesia	•Colonic mass	•Cefazolin2 gm	•Mass			•There were no apparent limitations or complications	

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F	83	Endoscopic Submucosal Dissection Lower (ESD Lower)		•Inamdar Sumant			IV general anesthesia	•Rectal polyp	•Cefazolin2 gm	•Polyp			•There were no apparent limitations or complications	
M	78	Endoscopic Submucosal Dissection Lower (ESD Lower)		•Inamdar Sumant			IV general anesthesia	•Personal history of colon polyps	•Cefazolin2 gm	•Polyp			•There were no apparent limitations or complications	
Endoscopic Submucosal Dissection Upper (ESD Upper)														2
M	75	Endoscopic Submucosal Dissection Upper (ESD Upper)		•Inamdar Sumant			IV general anesthesia	•Intramucosal cancer of GE junction	•Cefazolin2 gm	•Mass •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	72	Endoscopic Submucosal Dissection Upper (ESD Upper)		•Inamdar Sumant			IV general anesthesia	•Esophagus cancer	•Cefazolin2 gm	•Abnormal mucosa •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
Endoscopic Submucosal Dissection/Per-Oral Myotomy														63
M	68	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Dysphagia with EGJ outflow obstruction	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	33	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia Type 2	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	80	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm •Acetaminophen1000 mg	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	68	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	43	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	44	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparasis	•Cefazolin2 gm	•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	61	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Rectal mass	•Cefazolin2 gm	•Additional Finding			•There were no apparent limitations or complications	
F	77	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia of cardia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	

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F	65	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Abnormal mucosa •Esophagitis (gastroesophageal junction) •Normal duodenum			•There were no apparent limitations or complications	
M	69	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	34	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis, GES - 28% residue 4h, here for endoscopic myotomy G-POEM	•Cefazolin2 gm	•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	73	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Zenker's diverticulum	•Cefazolin2 gm	•Diverticulum (cricopharyngeus) •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	64	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Jackhammer esophagus	•Levaquin500 mg	•Abnormal Motility •Hiatal Hernia •Normal duodenum			•There were no apparent limitations or complications	
F	78	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Personal history of colon polyps					•There were no apparent limitations or complications	
F	65	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	59	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•6cm involving at least 60-70% of circumference and starting from ampulla. For attempted removal of the polyp and then possible ampullectomy in the future. Patient refused Whipple in the past.		•Polyp (second part of the duodenum and papilla major, 8 cm to 10 cm) •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
F	35	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	64	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Barrett's esophagus with esophageal cancer	•Cefazolin2 gm	•Mass •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	72	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	79	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Achalasia of cardia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	

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M	77	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Dysphagia •Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	64	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Polyp of stomach and duodenum	•Cefazolin2 gm	•Polyp •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	55	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	60	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			MAC with IV sedation	•Colon polyp		•Additional Finding			•There were no apparent limitations or complications	
F	40	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	31	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	36	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin3 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	53	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	58	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Gastroparesis	•Levaquin500 mg	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	15	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	55	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Food (stomach body) •Normal duodenum			•There were no apparent limitations or complications	
M	52	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	40	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	46	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Gastroparesis		•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	50	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	53	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	51	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	78	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	32	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•History of gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	68	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastric polyp	•Cefazolin3 gm	•Polyp •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	46	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Achalasia of cardia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	55	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	74	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Esophagitis (gastroesophageal junction) •Previous Surgery •Normal duodenum			•There were no apparent limitations or complications	
F	51	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	23	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	84	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Polyp of colon		•Additional Finding			•There were no apparent limitations or complications	

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M	65	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Neuroendocrine neoplasm of duodenum	•Cefazolin2 gm	•Polyp •Normal esophagus •Normal stomach			•There were no apparent limitations or complications	
	82	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia of cardia	•Cefazolin2 gm	•Gastrostomy (stomach body) •Abnormal Motility •Abnormal mucosa (duodenal bulb)			•There were no apparent limitations or complications	
F	29	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	35	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Abnormal mucosa •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	61	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	53	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Barrett's esophagus with high grade dysplasia	•Cefazolin2 gm	•Barrett's Esophagus •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	78	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
M	51	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Dysphagia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	57	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	28	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
M	43	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin3 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	72	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Achalasia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	54	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	

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M	65	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Achalasia of cardia	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
F	44	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastroparesis	•Cefazolin2 gm	•Food •Normal duodenum •Normal esophagus			•There were no apparent limitations or complications	
F	61	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•Gastric polyp	•Cefazolin2 gm	•Nodule •Polyp •Normal duodenum			•There were no apparent limitations or complications	
F	61	Endoscopic Submucosal Dissection/Per-Oral Myotomy		•Inamdar Sumant			IV general anesthesia	•EGJ outflow obstruction •Dysphagia, other	•Cefazolin2 gm	•Abnormal Motility •Normal duodenum •Normal stomach			•There were no apparent limitations or complications	
Endoscopic Ultrasound (Upper)														1023
M	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	83	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas	•Cefazolin2 gm	•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Non healing gastric ulcer		•EUS Upper (whole pancreas appeared normal) •EUS Upper (antrum)			•There were no apparent limitations or complications	
M	78	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary stricture		•EUS Upper (common hepatic duct and main duct) •EUS Upper (main duct) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Dilated bile duct		•EUS Upper (common hepatic duct and main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abnormal PET scan in the stomach		•EUS Upper (whole stomach and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	70	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas	•Cefazolin2 gm	•EUS Upper •EUS Upper (Liver) •EUS Upper (head of the pancreas) •EUS Upper			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	19	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Abdominal pain		•EUS Upper (Common bile duct) •EUS Upper (Gallbladder) •EUS Upper (main biliary duct) •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
F	63	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Lymph node FNB		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	57	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Abdominal pain		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	65	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•obstructive jaundice		•EUS Upper (common hepatic duct level)			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastroparesis •Abdominal pain		•EUS Upper (whole stomach and its layers) •EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	75	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	77	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Lesion in the tail in the pancreas		•EUS Upper (tail of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Perigastric collection s/p partial gastrectomy	•Cefazolin2 gm	•EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
M	70	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper •EUS Upper (left lobe) •EUS Upper			•There were no apparent limitations or complications	
M	61	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic mass	•Cefazolin2 gm	•EUS Upper •EUS Upper (body of the pancreas)			•There were no apparent limitations or complications	
M	39	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Dysphagia		•EUS Upper (The whole examined esophagus and its layers) •EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	61	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper •EUS Upper (all intrahepatic biliary branches and upper third of the common bile duct) •EUS Upper (head of the pancreas, tail of the pancreas and body of the pancreas) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
F	49	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Abdominal pain		•EUS Upper (Liver) •EUS Upper (Common Bile duct) •EUS Upper (gallbladder) •EUS Upper (Gallbladder) •EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	78	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•biliary stricture		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	84	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice, suspected ampullary mass		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic cyst or pseudocyst		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	87	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Achalasia of cardia		•EUS Upper (whole examined esophagus and its layers) •EUS Upper (Gallbladder) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas •Obstruction of duodenum		•EUS Upper •EUS Upper			•There were no apparent limitations or complications	
F	28	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Pancreatic cyst	•Cefazolin2 gm	•EUS Upper (Common Bile duct) •EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	86	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas •Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	84	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Acquired dilation of bile duct •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pseudocyst, pancreatic •Pancreatitis, chronic		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Duodenal polyps		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct) •EUS Upper (whole duodenum and all layers)			•There were no apparent limitations or complications	
F	48	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Lymph node in hepatic hilum		•EUS Upper (Hepatic hilum) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Acute pancreatitis (recurrent)		•EUS Upper (whole pancreas appeared normal only with evidence of pancreas divisum) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	77	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•gastric tumor		•EUS Upper (gastrojenunum anastomosis)			•There were no apparent limitations or complications	
	28	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver tests s/p liver transplant		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas •Obstruction of duodenum	•Cefazolin3 gm	•EUS Upper			•There were no apparent limitations or complications	
F	97	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Obstructive Jaundice		•EUS Upper •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•cystic lesion		•EUS Upper (whole pancreas) •EUS Upper (The whole stomach and its layers) •EUS Upper •EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant		•EUS Upper (common hepatic duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Gastric subepithelial lesion		•EUS Upper (whole stomach and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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	80	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	49	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•BRAC2 mutation with family history of pancreatic cancer		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholelithiasis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Mass of pancreas •Abdominal pain		•EUS Upper •EUS Upper			•There were no apparent limitations or complications	
	30	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•h/o UC w/ Proximal biliary stricture on MRCP.		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Esophageal obstruction •GE junction mass		•EUS Upper			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Dilated pancreatic duct		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic cyst	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	
M	52	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function •Liver transplant status •Cyst of pancreas		•EUS Upper			•There were no apparent limitations or complications	
M	80	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary stricture		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	50	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis		•EUS Upper			•There were no apparent limitations or complications	
F	69	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•BRCA 1 mutation		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	32	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Ampullary adenoma		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Post transplant for HCC - worsening cholestasis		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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F	53	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Duodenal neuroendocrine tumor		•EUS Upper (whole duodenum and all layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Mass of pancreas	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•GE junction mass		•EUS Upper (fundus)			•There were no apparent limitations or complications	
F	74	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Duodenal polyp		•EUS Upper (whole duodenum and all layers) •EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	62	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Abdominal pain with suspected duodenitis		•EUS Upper			•There were no apparent limitations or complications	
	49	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gastric bypass, Mixed LFT, abdominal pain, previous multiple surgeries with adhesions, suspected CBD Stone with dilated CBD		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Cyst of pancreas		•EUS Upper •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
F	53	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	58	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Biliary stricture		•EUS Upper (whole pancreas appeared normal) •EUS Upper (lower third of the common bile duct)			•There were no apparent limitations or complications	
	59	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC							
M	77	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Painless Jaundice		•EUS Upper (ampulla) •EUS Upper (main duct) •EUS Upper (Gallbladder) •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
F	77	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper •EUS Upper (body of the pancreas)			•There were no apparent limitations or complications	
F	57	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•abnormal LFT		•EUS Upper •EUS Upper (whole pancreas) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	80	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Choledocholithiasis with obstruction		•EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	

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F	64	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Obstructive jaundice		•EUS Upper (Common Bile duct) •EUS Upper (The whole examined esophagus and its layers) •EUS Upper (The whole duodenum and all layers) •EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
	53	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Other diseases of stomach and duodenum		•EUS Upper (stomach body) •EUS Upper			•There were no apparent limitations or complications	
M	66	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•PSC s/p liver transplant •Bile leak		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	70	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Duplication cyst of the ampulla		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Hypoglycemia		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	81	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Dilated pancreatic duct		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	81	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Suspected gastric mass •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
F	52	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•biliary leak •Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	63	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Barrett's Epithelium		•EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•5-6cm involving at least 60-70% of circumference and starting from ampulla. For attempted ampullectomy. Patient refused Whipple in the past.		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	66	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric subepithelial lesion		•EUS Upper			•There were no apparent limitations or complications	
M	42	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Abdominal pain		•EUS Upper •EUS Upper (main duct) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	66	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Pancreatitis, chronic		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	56	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Double duct sign		•EUS Upper (common hepatic duct and main duct) •EUS Upper (lower third of the common bile duct, middle third of the common bile duct, upper third of the common bile duct and main pancreatic duct)			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic cysts		•EUS Upper (Common Bile duct) •EUS Upper •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
F	44	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Gastroparasis		•EUS Upper (whole stomach and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	29	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Choledocholithiasis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•EUS Upper (stomach body) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	44	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic		•EUS Upper (main duct) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
F	53	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
M	23	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pseudocyst	•Cefazolin2 gm	•EUS Upper •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (tail of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
M	74	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gastric outlet obstruction		•EUS Upper (Gallbladder) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	79	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Achalasia		•EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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M	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatitis, chronic •Pancreatic duct calculus		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
F	74	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Polyp of stomach and duodenum		•EUS Upper (stomach body) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver tests suspected biliary stricture		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant with elevated liver tests suspected biliary stricture •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Duodenal mass		•EUS Upper (Common Bile duct) •EUS Upper (major papilla) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatic cyst	•Cefazolin2 gm	•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	60	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•gastric mass		•EUS Upper (Liver) •EUS Upper (stomach body)			•There were no apparent limitations or complications	
M	62	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (body of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	47	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Suspected choledocholithiasis •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	33	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Pseudocyst		•EUS Upper •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic cyst		•EUS Upper (head of the pancreas, body of the pancreas and tail of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	65	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper •EUS Upper (Liver) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	74	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric nodule •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (cardia)			•There were no apparent limitations or complications	

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M	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Duodenal neuroendocrine tumor		•EUS Upper (whole pancreas appeared normal) •EUS Upper (duodenal bulb)			•There were no apparent limitations or complications	
M	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Multiple gastric polyps		•EUS Upper (cardia) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	54	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis with papillary stenosis with h/o gastric bypass here for staged EDGE procedure	•Cefazolin3 gm	•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium •Malignant tumor of esophagus		•EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	44	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•jaundice		•EUS Upper (common hepatic duct and main duct) •EUS Upper (middle third of the common bile duct and upper third of the common bile duct) •EUS Upper (the whole pancreas) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
M	62	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic cyst		•EUS Upper •EUS Upper (the whole pancreas) •EUS Upper (tail of the pancreas) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
M	50	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•abdominal pain + cystic lesion		•EUS Upper •EUS Upper •EUS Upper (whole pancreas) •EUS Upper (body of the pancreas and head of the pancreas)			•There were no apparent limitations or complications	
M	30	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•FAP follow up		•EUS Upper (The whole examined esophagus and its layers)				
M	76	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic cyst		•EUS Upper •EUS Upper (Liver) •EUS Upper (head/neck of the pancreas)			•There were no apparent limitations or complications	
F	64	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (upper third of the common bile duct) •EUS Upper (Liver) •EUS Upper (common hepatic duct and main duct) •EUS Upper •EUS Upper (head/uncinated process of the pancreas)			•There were no apparent limitations or complications	

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F	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic divisum •Recurrent pancreatitis	•Cefazolin2 gm	•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	40	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis •Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•HCC with abdominal pain for fiducial placement	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	
F	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Abdominal pain		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
M	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	42	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Nausea and vomiting		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
M	54	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary sticture		•EUS Upper (the whole pancreas) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	41	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	47	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•PSC with biliary stricture		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
	76	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Biliary dilation		•EUS Upper (whole pancreas appeared normal) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
M	78	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Duodenal mass		•EUS Upper (second part of the duodenum) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	32	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (whole pancreas appeared normal) •EUS Upper (next to the head of the pancreas)			•There were no apparent limitations or complications	
M	33	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC							
F	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Papillary stenosis •Abdominal pain •Elevated liver tests		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	

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M	90	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatic cyst		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	28	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Patient here for staged EGDE •Recurrent pancreatitis		•EUS Upper			•There were no apparent limitations or complications	
M	75	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice •Mass of pancreas		•EUS Upper (main pancreatic duct)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Papillary stenosis •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	63	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•retroperitoneal mass		•EUS Upper (whole pancreas appeared normal) •EUS Upper (retro peritoneum)			•There were no apparent limitations or complications	
	70	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Other diseases of stomach and duodenum		•EUS Upper (surrounding the head of the pancreas) •EUS Upper (whole pancreas appeared normal) •EUS Upper (Liver) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	67	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•phx of gallbladder cancer		•EUS Upper (surrounding the head of the pancreas)			•There were no apparent limitations or complications	
M	65	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Barretts disease, High grade dysplasia, PEG tube , previously patient refused surgery, 2018 chemotherapy, thickening of esophagus on imaging		•EUS Upper •EUS Upper (middle third of the esophagus and lower third of the esophagus)			•There were no apparent limitations or complications	
M	65	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•gastric wall thickness		•EUS Upper •EUS Upper (antrum and stomach body)			•There were no apparent limitations or complications	
M	47	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•GEJ mass		•EUS Upper (cardia) •EUS Upper (The whole examined esophagus and its layers) •EUS Upper			•There were no apparent limitations or complications	
M	77	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Abdominal pain •Duodenal neuroendocrine tumor		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Ivor Lewis 2019 for esophageal cancer, tumor recurrence in liver, RCC 2021 - left nephrectomy- EUS for peripancreatic lymph node		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	53	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gastric cancer		•EUS Upper			•There were no apparent limitations or complications	
F	69	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Peripancreatic mass •Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Duodenal polyp		•EUS Upper (whole duodenum and all layers)			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic mass	•Cefazolin2 gm	•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Cystic lesion in the BOP	•Cefazolin2 gm	•EUS Upper (whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
M	63	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (body of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
	44	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •PSC s/p liver transplant with dilated ducts		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Barrett's Epithelium		•EUS Upper			•There were no apparent limitations or complications	
M	25	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Mass of pancreas		•EUS Upper •EUS Upper			•There were no apparent limitations or complications	
F	24	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Familial multiple polyposis syndrome •Adenoma of duodenum		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	62	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
	74	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•CBD lesion	•Cefazolin2 gm	•EUS Upper (Liver) •EUS Upper (lower third of the common bile duct) •EUS Upper (Common bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	79	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Cyst of pancreas		•EUS Upper •EUS Upper (head/neck of the pancreas)			•There were no apparent limitations or complications	

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F	53	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•screening pancreatic cancer (high risk patient)		•EUS Upper (Common Bile duct) •EUS Upper (Liver) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	63	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC							
F	62	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Submucosal tumor of stomach		•EUS Upper (Major, minor papillas and Major and minor papillas) •EUS Upper (The whole duodenum and all layers) •EUS Upper (cardia and fundus)			•There were no apparent limitations or complications	
F	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Family history of pancreatic cancer with BRCA 2 mutation		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes level •Biliary stent extraction •Liver transplant status		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pre pyloric ulcer follow up, asymptomatic, black stools on iron supplements, no weight loss, says she had colonoscopy a year ago		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Barrett's esophagus with esophageal cancer		•EUS Upper (lower third of the esophagus)			•There were no apparent limitations or complications	
	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Reflux, abdominal pain, diarrhea, no wt loss, Renal Tx on immunosuppressants, Severe necrotizing pancreatitis in 2015		•EUS Upper			•There were no apparent limitations or complications	
M	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
	45	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•High risk pancreatic cancer screening		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	71	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (head of the pancreas and body of the pancreas) •EUS Upper			•There were no apparent limitations or complications	

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	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Other diseases of stomach and duodenum		•EUS Upper (Liver) •EUS Upper (Hilum)			•There were no apparent limitations or complications	
M	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			Moderate sedation	•Adenocarcinoma, esophageal	•Fentanyl50 mcg •Versed4 mg	•EUS Upper			•There were no apparent limitations or complications	
F	54	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Biliary obstruction	•Cipro400 mg	•EUS Upper (whole pancreas) •EUS Upper (common hepatic duct and main duct) •EUS Upper (upper third of the common bile duct, middle third of the common bile duct and lower third of the common bile duct) •EUS Upper (all intrahepatic biliary branches) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
M	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	66	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	74	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice		•EUS Upper (common hepatic duct and main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	75	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
F	55	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Groove pancreatitis		•EUS Upper (common hepatic duct and main duct) •EUS Upper (Liver) •EUS Upper •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
F	62	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatitis, chronic		•EUS Upper (whole pancreas) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
	43	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•chronic pancreatitis. Celiac plexus block	•Cefazolin2 gm	•EUS Upper (whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
M	53	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Walled off pancreatic necrosis	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	

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M	79	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Cyst lesion	•Cefazolin2 gm	•EUS Upper •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (gallbladder) •EUS Upper •EUS Upper (body/neck of the pancreas) •EUS Upper (Gallbladder)			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•cystic lesion in the TOP		•EUS Upper (Common Bile duct) •EUS Upper (Liver) •EUS Upper (tail of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
M	75	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic cancer screening. Sister and father had pancreatic cancer		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	
F	24	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gastric ulcers x 2		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
F	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Dilated bile duct •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp / mass		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
M	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric subepithelial lesion		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
	35	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Severe necrotizing pancreatitis with GOO s/p GJ bypass •Obstructive jaundice, chronic pancreatitis, PTC drain in situ, difficult cannulation of duodenum previously		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	80	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary stricture •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	43	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Jaundice		•EUS Upper (common hepatic duct and lower third of the common bile duct) •EUS Upper (ampulla) •EUS Upper (Liver) •EUS Upper (common hepatic duct and main duct) •EUS Upper (Gallbladder) •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
F	48	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•CT of abdomen abnormal		•EUS Upper (whole pancreas) •EUS Upper (Common Bile duct) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
F	71	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Thorax CT abnormal		•EUS Upper (The whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal) •EUS Upper (paraesophageal nodes and subcarinal nodes)			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Jaundice		•EUS Upper (ampulla) •EUS Upper (Liver) •EUS Upper (lower third of the common bile duct)			•There were no apparent limitations or complications	
	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•OLT, suspected anastomotic stricture, abdominal pain, obstructive jaundice.		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Pancreatitis, chronic		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	22	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Suspected peripancreatic lesion		•EUS Upper (whole duodenum and all layers) •EUS Upper (whole pancreas appeared normal) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Barrett's esophagus without dysplasia		•EUS Upper			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric subepithelial lesion		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Gallbladder) •EUS Upper			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Necrosis of pancreas		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Thickened gastric folds seen on endoscopy		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Duodenal neuroendocrine tumor •Dysphagia		•EUS Upper (whole duodenum and all layers) •EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Squamous metastasis		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	77	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Esophageal obstruction		•EUS Upper			•There were no apparent limitations or complications	
F	50	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholelithiasis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	49	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastroparesis		•EUS Upper (whole stomach and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	38	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	74	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, achalasia, duodenal diverticulum •Achalasia of cardia		•EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	32	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Esophageal subepithelial nodule		•EUS Upper (whole pancreas appeared normal) •EUS Upper (lower third of the esophagus)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	44	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Chronic pancreatitis, H/o biliary stents, abdominal pain, cholestatic LFT, NI CA 199		•EUS Upper (the whole pancreas) •EUS Upper (whole pancreas) •EUS Upper (main duct) •EUS Upper (lower third of the common bile duct, middle third of the common bile duct and upper third of the common bile duct) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
F	48	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•CT of abdomen abnormal		•EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
F	51	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Recurrent idiopathic Acute Pancreatitis		•EUS Upper (ampulla) •EUS Upper (the whole pancreas) •EUS Upper (whole pancreas) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	59	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Abdominal pain		•EUS Upper (common hepatic duct, lower third of the common bile duct, middle third of the common bile duct and upper third of the common bile duct) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
M	44	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•"prominent major papilla"		•EUS Upper (Liver) •EUS Upper (all intrahepatic biliary branches, lower third of the common bile duct and major papilla) •EUS Upper (whole pancreas) •EUS Upper (ampulla)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•pancreatic cyst	•Cefazolin2 gm	•EUS Upper •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
M	66	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Duodenal subepithelial lesion		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole duodenum and all layers)			•There were no apparent limitations or complications	
	55	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic cyst •Abdominal pain	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	
M	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Neuroendocrine tumor in duodenum		•EUS Upper •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Nausea and vomiting, concerns for gastric outlet obstruction		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	32	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Esophageal adenocarcinoma		•EUS Upper			•There were no apparent limitations or complications	
M	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	39	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium •Abdominal pain		•EUS Upper (whole examined esophagus and its layers) •EUS Upper			•There were no apparent limitations or complications	
M	70	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Dysphagia		•EUS Upper (the whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric ulcer, unsp as acute or chronic, w/o hemor or perf •Polyp, gastric adenomatous		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Liver transplant status		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Chronic pancreatitis •Abdominal pain		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
F	78	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Pancreatic cyst		•EUS Upper •EUS Upper (Common Bile duct) •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
F	49	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Recurrent idiopathic acute pancreatitis		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas) •EUS Upper •EUS Upper (Liver) •EUS Upper (ampulla)			•There were no apparent limitations or complications	
M	62	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC							
M	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Suspected chronic pancreatitis		•EUS Upper			•There were no apparent limitations or complications	
F	52	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •biliary leak		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Stricture of pancreato-jejunum anastomosis		•EUS Upper (body of the pancreas and tail of the pancreas)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	70	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric ulcer, unsp as acute or chronic, w/o hemor or perf		•EUS Upper (antrum) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	81	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Submucosal tumor of stomach		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
M	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary sludge		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Thickened gastric folds		•EUS Upper •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•IRAP		•EUS Upper (tail of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•History of liver transplant, recent pancreatitis, Cholestatic LFT, MRI - ? stricture / mismatch, abdominal pain better. ALP remaining high.		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	75	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Cirrhosis, unspecified •Hemorrhagic cholecystitis		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	31	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Pseudocyst drainage		•EUS Upper •EUS Upper (second part of the duodenum) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
F	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Recurrent acute pancreatitis with possible pseudocyst •Abdominal pain		•EUS Upper •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
	30	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•h/o UC w/ Proximal biliary stricture on MRCP.		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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M	36	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholelithiasis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	21	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Subepithelial lesion in the duodenum		•EUS Upper (whole duodenum and all layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	47	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Abnormal findings on diagnostic imaging of other parts of di		•EUS Upper (Liver) •EUS Upper •EUS Upper (Common Bile duct) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
F	78	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Prob stricture in the distal CBD	•Cipro400 mg	•EUS Upper (lower third of the common bile duct) •EUS Upper (Liver) •EUS Upper (whole pancreas appeared normal) •EUS Upper (Common bile duct)			•There were no apparent limitations or complications	
M	50	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis •Pancreatic duct stones vs calcifications		•EUS Upper			•There were no apparent limitations or complications	
F	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Recurrent pancreatitis		•EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Bile leak, post operative		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated live tests s/p live transplant		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	71	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•obstructive jaundice		•EUS Upper (head of the pancreas) •EUS Upper •EUS Upper (common hepatic duct and main duct) •EUS Upper (middle third of the common bile duct)			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC							

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F	69	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Dilation of PD		•EUS Upper (head of the pancreas) •EUS Upper (main pancreatic duct)			•There were no apparent limitations or complications	
F	48	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•abdominal pain		•EUS Upper (Liver) •EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Necrosectomy		•EUS Upper (body of the pancreas)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•jaundice		•EUS Upper (all intrahepatic biliary branches) •EUS Upper (whole pancreas) •EUS Upper (Common Bile duct) •EUS Upper (gallbladder) •EUS Upper (Gallbladder) •EUS Upper			•There were no apparent limitations or complications	
	79	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic duct anomaly		•EUS Upper (main duct in the head of the pancreas) •EUS Upper (main pancreatic duct)			•There were no apparent limitations or complications	
F	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Gastric nodule		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
	56	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver function tests •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	46	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric nodule		•EUS Upper			•There were no apparent limitations or complications	
F	25	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Duodenal subepithelial lesion		•EUS Upper (major papilla) •EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	74	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pyloric stenosis		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	37	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	60	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	31	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC							
M	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pseudocyst, pancreatic	•Cefazolin2 gm	•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatic duct leak s/p Whipple's procedure for ampullary cancer with biliary invasion		•EUS Upper (all intrahepatic biliary branches)			•There were no apparent limitations or complications	
M	49	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pseudocyst, pancreatic •Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Neoplasm of uncertain behavior of stomach		•EUS Upper (whole pancreas appeared normal) •EUS Upper (cardia)			•There were no apparent limitations or complications	
M	53	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function tests •Liver replaced by transplant •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	78	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary stricture		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	53	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	52	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Impacted , ingrown metal stent in the bile duct •Abdominal pain		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper •EUS Upper			•There were no apparent limitations or complications	
F	89	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	

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F	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Submucosal tumor of stomach		•EUS Upper (cardia) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	50	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Cyst of pancreas	•Cefazolin2 gm	•EUS Upper •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•pancreatic mass		•EUS Upper (common hepatic duct and main duct) •EUS Upper •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
M	52	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Cirrhosis, unspecified •Liver transplant status •Abnormal liver function		•EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Tellezavila Felix •Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Colon cancer with metastasis with gastric outlet obstruction	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	
M	51	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Gastroparesis		•EUS Upper (whole stomach and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Candidal esophagitis •Elevated liver tests s/p liver transplant		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas	•Cipro400 mg	•EUS Upper (head of the pancreas and body of the pancreas) •EUS Upper (the whole pancreas) •EUS Upper (whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary stricture		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Thickened gastric fold		•EUS Upper (whole stomach, its layers and whole stomach and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Obstuctive jaundice •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	54	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper •EUS Upper			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas •Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	46	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Cyst of pancreas •Abdominal pain •Obstruction of biliary tree		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	
F	51	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic cyst		•EUS Upper (body of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	63	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Gastric polyp		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct) •EUS Upper (The whole examined esophagus and its layers) •EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper (all biliary branches) •EUS Upper (common hepatic duct and main duct) •EUS Upper			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatitis, chronic •Pancreatic duct calculus •Pancreatic duct obstruction		•EUS Upper (the whole pancreas) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis •Abdominal pain •Pseudocyst, pancreatic		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver function tests •Liver transplant status		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	50	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	54	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis with papillary stenosis with h/o gastric bypass here EUS / ERCP s/p staged EDGE procedure		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	50	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•GI bleed requiring more than 4 units of blood in 24 hours, ICU, or surgery •Gastric bypass with bleeding in excluded stomach here for EUS guided gastro-gastrostomy creation	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	92	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholangitis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	79	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Obstructive jaundice		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	42	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatitis, chronic		•EUS Upper (the whole pancreas) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	47	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Obstruction of duodenum	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	
M	66	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abnormal CT scan		•EUS Upper (the whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	46	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	64	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic cancer screening		•EUS Upper (Common Bile duct) •EUS Upper (Liver) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	67	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic mass on imaging done by urology - ? incidental		•EUS Upper •EUS Upper (body of the pancreas and tail of the pancreas) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	34	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•SEL in esophagus		•EUS Upper (whole pancreas appeared normal) •EUS Upper (lower third of the esophagus)			•There were no apparent limitations or complications	
F	40	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	20	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain					•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•5-6cm involving at least 60-70% of circumference and starting from ampulla. For attempted ampullectomy. Patient refused Whipple in the past.		•EUS Upper (major papilla) •EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	67	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Infected Necrosis		•EUS Upper (whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	84	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastrointestinal stromal tumor		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
	54	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	77	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	91	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Suspected ampullary mass		•EUS Upper (main pancreatic duct) •EUS Upper (common hepatic duct and main duct) •EUS Upper (major papilla)			•There were no apparent limitations or complications	
F	77	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholelithiasis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	32	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
M	80	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary stricture •Ampullary cancer		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Portocaval lymphadenopathy	•Cefazolin2 gm	•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•obstructive jaundice		•EUS Upper (head of the pancreas) •EUS Upper			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	74	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper (common hepatic duct and main duct) •EUS Upper •EUS Upper (lower third of the common bile duct and middle third of the common bile duct)			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Cholangitis •Choledocholithiasis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Barrett's esophagus without dysplasia •Cyst of pancreas		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
F	75	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Submucosal tumor of stomach		•EUS Upper			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Papillary stenosis •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric ulcer / mass		•EUS Upper (antrum)			•There were no apparent limitations or complications	
M	46	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary sludge, gallstone pancreatitis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
	75	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes history of liver transplant		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	44	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Nausea and vomiting		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	83	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic cysts		•EUS Upper (whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
	66	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Prob. Ampulloma		•EUS Upper (ampulla) •EUS Upper (whole pancreas appeared normal) •EUS Upper (lower third of the common bile duct, middle third of the common bile duct and upper third of the common bile duct) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	50	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•PFC---remove Axios		•EUS Upper (antrum)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	63	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•PD dilated and Hx of abdominal pain		•EUS Upper (tail and body of the pancreas appeared normal) •EUS Upper (body of the pancreas and tail of the pancreas)			•There were no apparent limitations or complications	
M	32	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Sepsis		•EUS Upper (Two collections noted measuring 3 cm x 2 cm, one in the posterior wall of the pouch below the GE junction and one in the anterior wall of the proximal GJ. The muscularis propria was intact in both cases.)			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic cyst		•EUS Upper •EUS Upper (Common Bile duct) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
M	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Dilated bile duct		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	62	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper			•There were no apparent limitations or complications	
M	63	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Obstructive hyperbilirubinemia		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	55	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis •Abdominal pain		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
F	63	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Prob. choledocholithiasis		•EUS Upper (Gallbladder) •EUS Upper (Liver) •EUS Upper (Common Bile duct) •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•SEL in D2		•EUS Upper (The whole duodenum and all layers) •EUS Upper (anterior bulb, second part of the duodenum and papilla major) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	64	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic cyst		•EUS Upper (Liver) •EUS Upper (neck of the pancreas) •EUS Upper •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•gastric cancer		•EUS Upper (fundus)			•There were no apparent limitations or complications	

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F	65	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic cyst	•Cefazolin2 gm	•EUS Upper •EUS Upper (Neck/body of the pancreas) •EUS Upper (lower third of the common bile duct, middle third of the common bile duct and upper third of the common bile duct) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
F	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Cholangiocarcinoma		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	80	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Prob. ampulloma		•EUS Upper •EUS Upper (Common Bile duct) •EUS Upper (ampulla) •EUS Upper (whole pancreas) •EUS Upper (Liver)			•There were no apparent limitations or complications	
M	61	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Prob. pancreatic cyst		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	79	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	34	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Recurrent acute pancreatitis with pancreatic divisum		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	26	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant for PSC with worsening liver tests		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Duodenal nodule		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole duodenum and all layers)			•There were no apparent limitations or complications	
F	36	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Choledocholithiasis with biliary obstruction		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary obstruction •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	54	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis with papillary stenosis with h/o gastric bypass here EUS / ERCP s/p staged EDGE procedure		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	71	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of pancreas		•EUS Upper (A 3 cm x 3 cm hypoechoic mass was noted in the head of the pancreas and the uncinate process. An avascular path was found using doppler. FNB was performed. 2 passes were made into the mass.)			•There were no apparent limitations or complications	
M	84	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (body of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	24	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic cyst	•Cefazolin2 gm	•EUS Upper •EUS Upper (body of the pancreas)			•There were no apparent limitations or complications	
F	58	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic Cyst		•EUS Upper (gallbladder) •EUS Upper •EUS Upper (Liver) •EUS Upper (Gallbladder) •EUS Upper (neck of the pancreas) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	61	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•CT of abdomen abnormal		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	52	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Recurrent Idiopathic Pancreatitis		•EUS Upper (lower third of the common bile duct and middle third of the common bile duct) •EUS Upper (main duct) •EUS Upper (the whole pancreas) •EUS Upper (Gallbladder) •EUS Upper (gallbladder) •EUS Upper (head of the pancreas and body of the pancreas)			•There were no apparent limitations or complications	
M	82	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Squamous cell cancer of the esophagus s/p chemotherapy and radiation		•EUS Upper			•There were no apparent limitations or complications	
M	36	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Post DCD OLT •Bile leak, post operative		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	38	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Squamous cell cancer of upper esophagus s/p chemotherapy and radiation		•EUS Upper			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	70	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Prob. mass of pancreas		•EUS Upper (Common Bile duct) •EUS Upper (ampulla) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	83	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Abdominal pain		•EUS Upper (ampulla) •EUS Upper (whole pancreas appeared normal) •EUS Upper (segment III) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	44	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic leak		•EUS Upper (the whole pancreas) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver enzymes level •Candidal esophagitis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	51	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Esophageal mass		•EUS Upper (lower third of the esophagus)			•There were no apparent limitations or complications	
M	59	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of pancreas					•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•History of Roux-en-Y gastric bypass	•Cefazolin2 gm	•EUS Upper (common hepatic duct and main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	33	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Choledocholithiasis		•EUS Upper (main duct)			•There were no apparent limitations or complications	
M	83	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of ampulla of Vater		•EUS Upper (major papilla)			•There were no apparent limitations or complications	
M	82	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Portocaval lymphadenopathy		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	55	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Abdominal pain		•EUS Upper (the whole pancreas) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	46	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Cyst of pancreas	•Cefazolin2 gm	•EUS Upper (whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Prob. choledocholithiasis		•EUS Upper (lower third of the common bile duct) •EUS Upper (Common bile duct)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	58	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Chronic pancreatitis, Dilated CBD and PD, previous ERCP, Recurrent episodes of pancreatitis, h/o PUD		•EUS Upper (Common bile duct) •EUS Upper (lower third of the common bile duct and middle third of the common bile duct) •EUS Upper (common hepatic duct and main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	52	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Esophageal cancer at GE junction		•EUS Upper (gastroesophageal junction)			•There were no apparent limitations or complications	
	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Dilated bile duct		•EUS Upper •EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Anemia, acute blood loss •OLT, suspected biliary stricture		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	88	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•biliary stricture		•EUS Upper •EUS Upper (common hepatic duct and main duct) •EUS Upper (middle third of the common bile duct)			•There were no apparent limitations or complications	
M	53	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Jaundice •Pancreatitis, chronic		•EUS Upper			•There were no apparent limitations or complications	
F	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Choledocholithiasis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	63	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric subepithelial lesion		•EUS Upper (whole pancreas appeared normal) •EUS Upper (fundus)			•There were no apparent limitations or complications	
M	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			No anesthesia	•Esophageal cancer	•Lidocaine jelly2 %	•EUS Upper (lower third of the esophagus)			•There were no apparent limitations or complications	
F	74	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC							
F	84	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Ampullary adenoma		•EUS Upper (whole pancreas appeared normal) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	41	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver enzymes level		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	80	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis with obstruction		•EUS Upper (main duct)			•There were no apparent limitations or complications	
M	36	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	36	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	83	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abdominal pain •Mass of ampulla of Vater		•EUS Upper			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•EUS Upper (antrum) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis •Abdominal pain •Elevated liver function tests		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	44	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Gallstone pancreatitis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	28	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary stricture		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	50	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Choledocholithiasis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice •Mass of pancreas •Abdominal pain		•EUS Upper			•There were no apparent limitations or complications	
F	52	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Dilated bile duct		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Polyp of stomach and duodenum		•EUS Upper (whole stomach, its layers and whole stomach and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	56	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper (main pancreatic duct) •EUS Upper (intrahepatic biliary branches)			•There were no apparent limitations or complications	
F	74	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Dysphagia		•EUS Upper •EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	47	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Esophageal cancer		•EUS Upper			•There were no apparent limitations or complications	
M	56	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Suspected chronic pancreatitis •Abdominal pain •Pancreatic cyst		•EUS Upper •EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Adult hypertrophic pyloric stenosis •Abdominal pain		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	54	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Polyp of duodenum		•EUS Upper (whole pancreas appeared normal) •EUS Upper (duodenal bulb)			•There were no apparent limitations or complications	
M	53	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary stricture		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
	40	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas •Previously FNA was performed which showed cyst fluid CEA 235, Cyst fluid amylase 33,900 and pancreatic sequence showing positivity for GNAS		•EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
F	51	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Cyst of pancreas		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	74	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC							
F	29	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Dilation of biliary tract •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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M	41	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pseudocyst, pancreatic •Abdominal pain		•EUS Upper			•There were no apparent limitations or complications	
M	82	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas •Obstructive jaundice		•EUS Upper			•There were no apparent limitations or complications	
M	66	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Cyst of pancreas		•EUS Upper (Liver. Segment 4) •EUS Upper (head of the pancreas) •EUS Upper (neck and body of the pancreas) •EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
M	70	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•High gastrin levels		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal) •EUS Upper (The whole stomach and its layers) •EUS Upper (The whole examined esophagus and its layers) •EUS Upper (The whole duodenum and all layers)			•There were no apparent limitations or complications	
F	39	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Barrett's Epithelium		•EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	46	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abdominal pain •Other diseases of stomach and duodenum		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
	65	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreatitis, chronic •Abdominal pain		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	44	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Chronic pancreatitis, H/o biliary stents, abdominal pain, cholestatic LFT, NI CA 199		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
	60	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Liver transplant status		•EUS Upper (The whole duodenum and all layers) •EUS Upper (The whole stomach and its layers) •EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	69	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abdominal pain		•EUS Upper •EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal findings on dx imaging of prt digestive tract •Pancreatitis, chronic		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	67	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic cyst		•EUS Upper (Common Bile duct) •EUS Upper •EUS Upper (gallbladder) •EUS Upper (Gallbladder) •EUS Upper (body/tail of the pancreas)			•There were no apparent limitations or complications	
M	66	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic Cyst		•EUS Upper (antrum) •EUS Upper (uncinate process of the pancreas) •EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
M	44	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Obstructive jaundice due to cancer		•EUS Upper (whole pancreas appeared normal) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
M	70	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gastric bypass with biliary stricture, suspicious for malignancy, here for EDGE procedure	•Cefazolin2 gm	•EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
M	44	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
M	76	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Ampullary polyp		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Post transplant for HCC - worsening cholestasis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	77	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Polyp of duodenum		•EUS Upper (The whole stomach and its layers) •EUS Upper (major papilla)			•There were no apparent limitations or complications	
M	50	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
	69	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Suspected migrated stent post liver transplant		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	53	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•biliary stent dysfunction		•EUS Upper (right main hepatic duct)			•There were no apparent limitations or complications	
F	74	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice		•EUS Upper •EUS Upper			•There were no apparent limitations or complications	

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F	66	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•nodule in D2		•EUS Upper (Liver) •EUS Upper (anterior bulb)			•There were no apparent limitations or complications	
M	45	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•CT of abdomen abnormal		•EUS Upper (gallbladder) •EUS Upper (The whole stomach and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	76	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•SEL in stomach		•EUS Upper •EUS Upper (fundus)			•There were no apparent limitations or complications	
F	43	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•SEL in stomach		•EUS Upper (cardia) •EUS Upper (The whole examined esophagus and its layers) •EUS Upper			•There were no apparent limitations or complications	
F	74	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Esophageal dysphagia					•There were no apparent limitations or complications	
F	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Recurrent acute pancreatitis •Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas		•EUS Upper •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	67	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal findings on diagnostic imaging of other parts of di •Infected Necrosis		•EUS Upper			•There were no apparent limitations or complications	
F	43	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abdominal pain •Biliary sludge		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Subepithelial gastric mass		•EUS Upper			•There were no apparent limitations or complications	
F	62	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Generalized abdominal pain		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	41	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Barrett's Epithelium		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	

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M	69	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging		•EUS Upper (The whole duodenum and all layers)			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC							
F	50	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Polyp of duodenum		•EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	63	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	26	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Barrett's Epithelium		•EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Esophageal cancer		•EUS Upper (cardia, fundus and stomach body)			•There were no apparent limitations or complications	
F	63	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•SEL esophagus		•EUS Upper (middle third of the esophagus)			•There were no apparent limitations or complications	
F	66	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•IPMN		•EUS Upper (head of the pancreas and body of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
M	61	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Other specified diseases of pancreas		•EUS Upper (tail of the pancreas)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•abdominal fluid collection		•EUS Upper (whole pancreas appeared normal) •EUS Upper (left lobe) •EUS Upper (main duct) •EUS Upper (lower third of the common bile duct, middle third of the common bile duct and upper third of the common bile duct)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic cyst		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	66	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Duodenal adenoma		•EUS Upper (whole duodenum and all layers) •EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	43	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Subepithelial gastric lesion •Abdominal pain		•EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	

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F	56	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Helicobacter pylori infection •Loss of weight		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	53	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
	51	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Barretts esophagus with dysplasia		•EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	67	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Infected Necrosis	•Cefazolin2 gm	•EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper (main duct) •EUS Upper •EUS Upper (Liver)			•There were no apparent limitations or complications	
F	29	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Right upper quadrant abdominal pain		•EUS Upper (The whole duodenum and all layers) •EUS Upper (The whole stomach and its layers) •EUS Upper (whole pancreas appeared normal) •EUS Upper (The whole examined esophagus and its layers) •EUS Upper (Common Bile duct) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	31	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis •Pancreatic collection		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	36	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Suspected choledocholithiasis •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant with elevation of liver tests		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	65	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	45	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatic cyst	•Cefazolin2 gm	•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	32	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Bile leak		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	

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M	56	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function tests •Cyst of pancreas •Abdominal pain		•EUS Upper (main duct) •EUS Upper •EUS Upper (Gallbladder)			•There were no apparent limitations or complications	
F	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary sludge		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	48	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Suspected insulinoma		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•CT of abdomen abnormal		•EUS Upper •EUS Upper (head of the pancreas and body of the pancreas) •EUS Upper (common hepatic duct and main duct) •EUS Upper (middle third of the common bile duct and common hepatic duct)			•There were no apparent limitations or complications	
M	72	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (Liver) •EUS Upper (head of the pancreas) •EUS Upper •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	78	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	39	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Polyp of duodenum		•EUS Upper (major papilla)			•There were no apparent limitations or complications	
	71	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Other specified diseases of biliary tract •Other specified diseases of pancreas		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	45	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Biliary obstruction		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	79	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	89	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Esophageal obstruction •Dysphagia, other		•EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	50	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Gastric intestinal metaplasia		•EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
F	64	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (whole pancreas appeared normal) •EUS Upper (NOP)			•There were no apparent limitations or complications	
F	82	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Lymph node enlargement •Follicular lymphoma		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	75	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of pancreas		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC							
F	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•History of liver transplant, recent pancreatitis, Cholestatic LFT, MRI - ? stricture / mismatch, abdominal pain better. History of choking episodes? Achalasia on CT		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	62	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC							
F	37	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	70	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gastric bypass with biliary stricture, suspicious for malignancy, here s/p EDGE procedure		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	52	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric cancer		•EUS Upper (cardia and gastroesophageal junction) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	45	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary obstruction		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Papillary stenosis •Biliary sludge •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant with elevation of liver tests		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	78	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Mass of pancreas		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	39	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Choledocholithiasis		•EUS Upper (main duct)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Polyp of stomach		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	65	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•SEL duodenum		•EUS Upper (anterior bulb) •EUS Upper (posterior bulb) •EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Chronic pancreatitis		•EUS Upper (Gallbladder) •EUS Upper (whole pancreas) •EUS Upper (the whole pancreas) •EUS Upper (Liver) •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•SEL in the stomach		•EUS Upper (The whole stomach and its layers) •EUS Upper (The whole duodenum and all layers) •EUS Upper (The whole examined esophagus and its layers)				
F	44	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	61	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (whole pancreas appeared normal) •EUS Upper (upper third of the common bile duct) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	60	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Gastric polyp		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	77	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Neuroendocrine neoplasm of small intestine		•EUS Upper (anterior bulb)			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Subepithelial gastric lesion		•EUS Upper			•There were no apparent limitations or complications	
M	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pseudocyst, pancreatic		•EUS Upper			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	88	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Barrett's Epithelium		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatic duct calculus •Abdominal pain •Pancreatitis, chronic		•EUS Upper			•There were no apparent limitations or complications	
M	62	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
	44	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
F	45	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary obstruction •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests •Liver transplant status		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV anesthesia	•Liver transplant with elevation of liver tests		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	53	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Jaundice		•EUS Upper (the whole pancreas) •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
F	46	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•SEL in esophagus		•EUS Upper (Liver) •EUS Upper (lower third of the esophagus)			•There were no apparent limitations or complications	
F	36	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cholelithiasis		•EUS Upper (Common bile duct)			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC							
M	73	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging •Other diseases of stomach and duodenum •Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	34	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Bile leak, post operative		•EUS Upper (main duct)			•There were no apparent limitations or complications	
M	53	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abdominal pain •Liver replaced by transplant		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	66	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole duodenum and all layers)			•There were no apparent limitations or complications	
F	58	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•SEL in the stomach		•EUS Upper •EUS Upper (whole pancreas appeared normal) •EUS Upper (Liver) •EUS Upper (antrum)			•There were no apparent limitations or complications	
M	74	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (common hepatic duct and main duct) •EUS Upper (head of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
M	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•CT of abdomen abnormal		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Gallbladder) •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
M	53	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver function tests •Liver transplant recipient		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•EUS Upper (whole pancreas appeared normal) •EUS Upper (antrum)			•There were no apparent limitations or complications	
M	78	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary stricture •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	49	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatic divisum •Abdominal pain •Recurrent acute pancreatitis		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	22	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Choledocholithiasis		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	32	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Gastric polyps		•EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
	42	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•OLT for NASH Cirrhosis 5/21, suspected bile leak for attempted ERCP		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary leak		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
M	46	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Achalasia of cardia		•EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	57	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Panc CA, Screening, asymptomatic, no weight loss. Family history of pancreatic cancer.		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Liver) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Cholangitis		•EUS Upper (common hepatic duct, left intrahepatic biliary branches, lower third of the common bile duct, middle third of the common bile duct and right intrahepatic biliary branches) •EUS Upper (common hepatic duct and main duct) •EUS Upper (Gallbladder) •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Obstructive Jaundice		•EUS Upper (head of the pancreas) •EUS Upper (common hepatic duct and main duct) •EUS Upper (gallbladder) •EUS Upper •EUS Upper (all intrahepatic biliary branches and upper third of the common bile duct)			•There were no apparent limitations or complications	
F	79	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Giant stone + failed ERCP X2						
M	31	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Biliary stricture		•EUS Upper (the whole pancreas) •EUS Upper (middle third of the common bile duct and upper third of the common bile duct) •EUS Upper (common hepatic duct and main duct) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Esophageal adenocarcinoma		•EUS Upper			•There were no apparent limitations or complications	
M	71	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Polyp of duodenum		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	62	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Cyst of pancreas	•Cefazolin2 gm	•EUS Upper (whole pancreas) •EUS Upper (tail of the pancreas) •EUS Upper (the whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•gastric cancer		•EUS Upper (fundus) •EUS Upper (Liver) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	69	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Dysphagia		•EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	66	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (Liver) •EUS Upper (the whole pancreas) •EUS Upper (whole pancreas) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	48	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC							
F	76	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Duodenal polyp - not endoscopically resectable, undergoing palliative APC, seen surgical oncologist •Large duodenal Adenoma post EMR - HGD on pathology •Barrett's esophagus without dysplasia		•EUS Upper (whole duodenum and all layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver function tests		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	52	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abnormal liver function		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Cholecysto-cutaneous fistula •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	38	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Large symptomatic pseudocyst for cystgastrostomy	•Cefazolin2 gm	•EUS Upper (the whole pancreas) •EUS Upper (Common Bile duct) •EUS Upper (Liver) •EUS Upper (whole pancreas) •EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (main pancreatic duct) •EUS Upper (common hepatic duct and main duct) •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Cyst pancreas	•Cefazolin2 gm	•EUS Upper (Common Bile duct) •EUS Upper (tail of the pancreas) •EUS Upper (Liver) •EUS Upper •EUS Upper (body of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic cyst	•Cefazolin2 gm	•EUS Upper •EUS Upper (body of the pancreas and head of the pancreas) •EUS Upper (Liver)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	75	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (common hepatic duct and main duct) •EUS Upper (uncinate proccess/head of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	78	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Gastric ulcer, unsp as acute or chronic, w/o hemor or perf		•EUS Upper (antrum)			•There were no apparent limitations or complications	
M	62	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Bile leak s/p liver transplant		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	58	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Nutcracker esophagus •Dysphagia		•EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	62	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas		•EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Biliary obstruction •Abnormal finding on imaging •Abdominal pain •Other specified diseases of pancreas		•EUS Upper			•There were no apparent limitations or complications	
M	76	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Polyp of duodenum		•EUS Upper (The whole duodenum, all layers. The polyp was identified. It arises from layers 1 and 2. No lymphadenopathy.)			•There were no apparent limitations or complications	
F	54	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary dilation		•EUS Upper (intrahepatic biliary branches)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Stricture		•EUS Upper (upper third of the common bile duct) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Intra-abdominal cystic lesion	•Cefazolin2 gm	•EUS Upper (Common Bile duct) •EUS Upper (Extra organ) •EUS Upper (Liver) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	45	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Recurrent acute pancreatitis		•EUS Upper (whole pancreas) •EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
	51	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC							

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	45	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatic cyst	•Cefazolin2 gm	•EUS Upper •EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Duodenal mass		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole duodenum and all layers)			•There were no apparent limitations or complications	
M	38	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Pancreatic duct stricture		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Chronic pancreatitis		•EUS Upper			•There were no apparent limitations or complications	
M	37	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pseudocyst, pancreatic	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	
F	46	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function tests •Suspected biliary sludge •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
F	38	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary sludge		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•SEL in the esophagus		•EUS Upper (lower third of the esophagus) •EUS Upper			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic cyst	•Cefazolin2 gm	•EUS Upper •EUS Upper (body of the pancreas) •EUS Upper (Liver) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	74	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (Liver) •EUS Upper (head/uncinate of the pancreas) •EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
F	66	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Gastric prepyloric mass SMT for evaluation		•EUS Upper •EUS Upper (antrum)			•There were no apparent limitations or complications	
F	49	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Dysphagia, other		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	63	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Non-alcoholic cirrhosis		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	44	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Gastric intestinal metaplasia		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Gastric polyp		•EUS Upper (whole pancreas appeared normal) •EUS Upper (fundus)			•There were no apparent limitations or complications	
M	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Dysphagia, other		•EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreatitis, chronic •Generalized abdominal pain		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
	74	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Barrett's Epithelium •Abdominal pain		•EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	82	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Choledocholithiasis •Right upper quadrant abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	79	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•CBD dilation		•EUS Upper (Liver) •EUS Upper (gallbladder) •EUS Upper (common hepatic duct and main duct) •EUS Upper (Gallbladder) •EUS Upper (whole pancreas appeared normal) •EUS Upper (lower third of the common bile duct, middle third of the common bile duct and upper third of the common bile duct)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abdominal pain •Abnormal finding on imaging		•EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Obstruction of bile duct		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	66	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Other specified diseases of pancreas		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas	•Cefazolin2 gm	•EUS Upper (body of the pancreas and tail of the pancreas) •EUS Upper			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	56	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver function tests •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	80	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Achalasia of cardia		•EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Duodenal stricture		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	62	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic cyst	•Cefazolin2 gm	•EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
	49	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Liver transplant status •Abnormal liver function test		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	79	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function tests •Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	89	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatic mass •Abdominal pain		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver tests s/p liver transplant		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	76	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Thickening of the esophagus on CT scan		•EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas •Abdominal pain		•EUS Upper •EUS Upper			•There were no apparent limitations or complications	
M	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
	66	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Prob. Ampulloma		•EUS Upper (common hepatic duct and main duct) •EUS Upper (ampulla) •EUS Upper (main duct) •EUS Upper (Liver)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	59	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Chronic pancreatitis, History of Gastric Bypass, 2cm multi loculated cyst TOP	•Cefazolin2 gm	•EUS Upper (whole pancreas) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	71	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Bile obstruction •Pancreatitis, acute •Abdominal pain						
M	22	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Prob. duplication cyst in the esophagus		•EUS Upper (The whole stomach and its layers) •EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
	70	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Family history of pancreatic cancer		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•gastric non-healing ulcer		•EUS Upper (whole pancreas appeared normal) •EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
M	77	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Polyp of stomach and duodenum		•EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
M	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gastric polyp		•EUS Upper (antrum) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Biliary obstruction •Abdominal pain •Cholelithiasis		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	85	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Gallbladder mass		•EUS Upper (Gallbladder)			•There were no apparent limitations or complications	
M	76	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Gastric polyp		•EUS Upper (antrum)			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreatic mass		•EUS Upper			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper •EUS Upper (Liver) •EUS Upper (head of the pancreas) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Hx Whipple procedure Nausea and bloating		•EUS Upper (Common Bile duct) •EUS Upper (Liver) •EUS Upper (body of the pancreas)			•There were no apparent limitations or complications	
M	75	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•gastric tumor		•EUS Upper (antrum)			•There were no apparent limitations or complications	

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F	88	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•obstructive jaundice		•EUS Upper (lower third of the common bile duct) •EUS Upper (Liver) •EUS Upper (common hepatic duct and main duct) •EUS Upper (middle third of the common bile duct and upper third of the common bile duct)			•There were no apparent limitations or complications	
M	75	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Barrett's esophagus with high grade dysplasia		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	45	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastroparesis •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Gastroparesis •Abnormal findings on dx imaging of prt digestive tract		•EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•5-6cm involving at least 60-70% of circumference and starting from ampulla. For attempted ampullectomy. Patient refused Whipple in the past.		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	25	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper •EUS Upper			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Abdominal pain •Pancreatitis, chronic		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•double duct sign		•EUS Upper (all intrahepatic biliary branches, lower third of the common bile duct, middle third of the common bile duct and upper third of the common bile duct) •EUS Upper (common hepatic duct and main duct) •EUS Upper (ampulla) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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M	66	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Intermediate risk for choledocholithiasis		•EUS Upper (Gallbladder) •EUS Upper (lower third of the common bile duct and middle third of the common bile duct) •EUS Upper (whole pancreas appeared normal) •EUS Upper (gallbladder) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic cyst	•Cefazolin2 gm	•EUS Upper (Common Bile duct) •EUS Upper (Liver) •EUS Upper •EUS Upper (body of the pancreas)			•There were no apparent limitations or complications	
F	75	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (UP/head of the pancreas) •EUS Upper (Liver) •EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•SCN	•Cefazolin2 gm	•EUS Upper •EUS Upper (body of the pancreas)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Polyp of stomach and duodenum		•EUS Upper (Gallbladder) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Barrett esophagus		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging •Dysphagia		•EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Biliary obstruction •Abnormal finding on imaging		•EUS Upper			•There were no apparent limitations or complications	
F	32	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Choledocholithiasis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common bile duct) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
	49	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Barrett's Epithelium		•EUS Upper (whole pancreas appeared normal) •EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Duodenal subepithelial lesion		•EUS Upper (whole pancreas appeared normal) •EUS Upper (second part of the duodenum)			•There were no apparent limitations or complications	

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F	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Suspected fullness in the head of the pancreas •Abdominal pain		•EUS Upper •EUS Upper			•There were no apparent limitations or complications	
F	47	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging		•EUS Upper (whole pancreas appeared normal) •EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
M	78	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	50	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatic duct calculus •Pancreatic duct obstruction •Abdominal pain •Pancreatitis, chronic		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	86	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	91	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Polyp of duodenum		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole duodenum and all layers)			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver function tests		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	42	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Abdominal pain		•EUS Upper (main duct) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
F	41	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Liver transplant status •Elevated liver enzymes level		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	63	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Alkaline phosphatase raised •Benign carcinoid tumor of unspecified site		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
M	40	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•PSC with worsening LFT ? dominant stricture		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	37	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	

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M	81	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreatic mass		•EUS Upper			•There were no apparent limitations or complications	
M	79	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Cholangitis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (second part of the duodenum) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	66	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Dilated cbd, acquired		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Choledocholithiasis with biliary obstruction		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	31	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Bile duct obstruction •Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	54	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Chronic pancreatitis		•EUS Upper (the whole pancreas) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	74	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Esophageal mass		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
F	36	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other •Suspected granular cell tumor		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas •Pancreatitis, chronic		•EUS Upper •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
F	78	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Adenocarcinoma, esophageal •Abdominal pain		•EUS Upper			•There were no apparent limitations or complications	
M	53	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Barrett's esophagus with high grade dysplasia		•EUS Upper			•There were no apparent limitations or complications	
F	83	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Suspected cholangitis		•EUS Upper (main duct)			•There were no apparent limitations or complications	
F	62	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abnormal finding on imaging		•EUS Upper			•There were no apparent limitations or complications	

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	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary stricture		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function test •Liver transplant status		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric mass		•EUS Upper			•There were no apparent limitations or complications	
M	82	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Gastric polyp		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	35	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholelithiasis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	78	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	79	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver enzymes level		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Suspected ampullary / pancreatic mass with dilated ducts		•EUS Upper (whole pancreas appeared normal) •EUS Upper (major papilla)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholelithiasis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated live tests s/p live transplant		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•PD dilatation for surveillance, currently asymptomatic, no high risk factors on history, weight stable		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	51	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	

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F	75	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Prominent major papilla		•EUS Upper (Common bile duct) •EUS Upper (common hepatic duct and main duct) •EUS Upper (main duct) •EUS Upper (major papilla) •EUS Upper (all intra- and extrahepatic biliary branches)			•There were no apparent limitations or complications	
F	41	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Adenomatous duodenal polyp		•EUS Upper (whole pancreas appeared normal) •EUS Upper (second part of the duodenum)			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic cyst	•Levaquin500 mg	•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	65	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Gastric mass		•EUS Upper (whole pancreas appeared normal) •EUS Upper (lesser curvature)			•There were no apparent limitations or complications	
F	51	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Subepithelial gastric lesion		•EUS Upper (antrum)			•There were no apparent limitations or complications	
F	53	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pseudocyst, pancreatic		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric nodule		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	57	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Dilated pancreatic duct		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	65	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis •Inamdar Sumant			MAC	•GI bleeding •History of Roux-en-Y gastric bypass		•EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
M	86	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper (common hepatic duct and main duct) •EUS Upper •EUS Upper (Liver)			•There were no apparent limitations or complications	
F	64	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•PD dilation		•EUS Upper (Common Bile duct) •EUS Upper (major papilla) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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M	72	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Recurrent acute pancreatitis		•EUS Upper (Liver) •EUS Upper (common hepatic duct and main duct) •EUS Upper •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
M	62	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic cyst	•Cipro400 mg	•EUS Upper (body of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
	75	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes history of liver transplant •Bile leak, post operative		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	48	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas		•EUS Upper			•There were no apparent limitations or complications	
M	59	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant with elevation of liver tests		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Cholelithiasis •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	85	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Pancreatic cyst		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests •Liver transplant status		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	54	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Gastric bypass status for obesity •Abdominal pain •Pancreatitis, chronic	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastroparesis •Abdominal pain		•EUS Upper (whole stomach and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	52	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Suspected pancreatic mass •Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic cyst •Abdominal pain		•EUS Upper •EUS Upper			•There were no apparent limitations or complications	
F	74	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•GERD		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	38	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Carolis disease		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	45	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•WON	•Cefazolin2 gm	•EUS Upper (head of the pancreas and body of the pancreas) •EUS Upper (Liver) •EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
M	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric mass		•EUS Upper (antrum and pylorus) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	69	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•SEL in D2		•EUS Upper (second part of the duodenum) •EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	75	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•non-healing ulcer		•EUS Upper (The whole examined esophagus and its layers) •EUS Upper (The whole stomach and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other •GERD		•EUS Upper (whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	66	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Esophageal stricture		•EUS Upper			•There were no apparent limitations or complications	
F	42	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•RUQ pain •Dilated cbd, acquired		•EUS Upper (whole pancreas appeared normal) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
F	45	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreatitis, acute		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	69	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	80	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	53	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas	•Cefazolin2 gm	•EUS Upper (Liver) •EUS Upper (common hepatic duct and main duct) •EUS Upper (head of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	83	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (uncinate process and head of the pancreas)			•There were no apparent limitations or complications	

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F	80	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•CBD dilation		•EUS Upper (all intrahepatic biliary branches, lower third of the common bile duct, middle third of the common bile duct and upper third of the common bile duct) •EUS Upper •EUS Upper (Common bile duct)			•There were no apparent limitations or complications	
	58	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Chronic pancreatitis suspected		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Abnormal finding on imaging		•EUS Upper (whole pancreas) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	59	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Hx of AP		•EUS Upper (Common Bile duct) •EUS Upper •EUS Upper (Gallbladder) •EUS Upper (gallbladder) •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
F	30	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic Cyst	•Cefazolin2 gm	•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct) •EUS Upper (tail of the pancreas) •EUS Upper (Liver)			•There were no apparent limitations or complications	
F	50	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cirrhosis •Elevated LFTs		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	50	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic cyst	•Cefazolin2 gm	•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
M	66	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Esophageal cancer		•EUS Upper			•There were no apparent limitations or complications	
M	76	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•EUS Upper (stomach body) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	78	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Gastritis		•EUS Upper (The whole stomach and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	29	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Dilation of biliary tract		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	66	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•PSC s/p liver transplant		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreas divisum •Suspected chronic pancreatitis •Abdominal pain		•EUS Upper			•There were no apparent limitations or complications	
	63	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
	69	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Abdominal pain		•EUS Upper (Liver) •EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	58	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Abdominal pain		•EUS Upper (common hepatic duct and main duct) •EUS Upper (lower third of the common bile duct, middle third of the common bile duct and upper third of the common bile duct) •EUS Upper (Common bile duct)			•There were no apparent limitations or complications	
F	54	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreatitis, chronic •Abdominal pain		•EUS Upper (the whole pancreas) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
F	77	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Submucosal tumor of stomach		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	36	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Post DCD OLT •Bile leak, post operative		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatitis, chronic •Abdominal pain	•Cefazolin2 gm	•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Squamous cell cancer of upper esophagus s/p chemotherapy and radiation		•EUS Upper			•There were no apparent limitations or complications	
M	77	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	53	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Pancreatitis, chronic		•EUS Upper (the whole pancreas) •EUS Upper (whole pancreas) •EUS Upper (Common bile duct) •EUS Upper (lower third of the common bile duct, middle third of the common bile duct and upper third of the common bile duct)			•There were no apparent limitations or complications	
F	75	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC							
M	81	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Pancreatic cyst	•Cefazolin2 gm	•EUS Upper (Gallbladder) •EUS Upper (head of the pancreas) •EUS Upper •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
M	39	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•polyp in the esophagus		•EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Suspected cholangiocarcinoma		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	44	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Obstructive jaundice due to cancer		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	68	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Neuroendocrine tumor •Cirrhosis		•EUS Upper (The whole duodenum and all layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	40	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Recurrent pancreatitis •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	86	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•EUS Upper (cardia and stomach body)			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice •Mass of pancreas		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	81	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	83	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Esophageal stricture •Suspected cholangitis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•PFC		•EUS Upper (Liver) •EUS Upper (Common Bile duct) •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	

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M	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (body of the pancreas) •EUS Upper (head of the pancreas) •EUS Upper •EUS Upper •EUS Upper (left hemiliver (left liver)) •EUS Upper (Gallbladder) •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
M	74	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Pancreas Cyst	•Cefazolin2 gm	•EUS Upper •EUS Upper •EUS Upper (neck of the pancreas) •EUS Upper (tail of the pancreas)			•There were no apparent limitations or complications	
M	39	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Polyp of duodenum •Other specified diseases of biliary tract		•EUS Upper (major papilla) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	68	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Other specified diseases of pancreas •Pancreatic mass		•EUS Upper			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•GE junction mass suspected on CT scan •Dysphagia, other •Weight loss		•EUS Upper			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of pancreas •Abdominal pain		•EUS Upper			•There were no apparent limitations or complications	
F	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric polyp		•EUS Upper (antrum) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Plasmacytic infiltration of pancreas, High IgG4, biliary Stricture, LAD, Suspected autoimmune cholangio pancreatopathy		•EUS Upper (all extrahepatic biliary branches) •EUS Upper (the whole pancreas) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
F	61	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Hematemesis •Gastric polyps		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	62	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•WON		•EUS Upper (next to BOP) •EUS Upper			•There were no apparent limitations or complications	
	79	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain •Biliary sludge		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	50	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	

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M	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•biliary stent dysfunction		•EUS Upper (main duct)			•There were no apparent limitations or complications	
M	82	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Esophageal cancer •Gastric polyp •Gastric cancer		•EUS Upper (cardia)			•There were no apparent limitations or complications	
F	50	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Acute duodenal ulcer with hemorrhage		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	41	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (the whole pancreas) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	63	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas •Abdominal pain		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
F	41	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis •Abdominal pain		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	55	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Gallstone pancreatitis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	78	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (body of the pancreas) •EUS Upper (Common Bile duct) •EUS Upper •EUS Upper (Liver)			•There were no apparent limitations or complications	
M	88	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•"prominent " ampulla		•EUS Upper (Common Bile duct) •EUS Upper (Liver) •EUS Upper (ampulla)			•There were no apparent limitations or complications	
M	62	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (Liver) •EUS Upper •EUS Upper (Common Bile duct) •EUS Upper (head of the pancreas) •EUS Upper (lower third of the common bile duct and middle third of the common bile duct)			•There were no apparent limitations or complications	
M	81	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic cyst		•EUS Upper (tail of the pancreas) •EUS Upper •EUS Upper •EUS Upper (Liver) •EUS Upper (body of the pancreas)			•There were no apparent limitations or complications	
M	70	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Other specified diseases of pancreas •Hx of cholangitis		•EUS Upper (the whole pancreas) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	

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F	86	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of head of pancreas		•EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
F	66	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Duodenal polyp in D3 for attempted resection if appropriate •Other specified diseases of pancreas		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	52	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mixed LFT, suspectd CHD stricture, ? PSC, HIV cholangiopathy - more likely PSC. Attempted selective cannulation of intrahepatics •Primary sclerosing cholangitis		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	
	67	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreas cyst		•EUS Upper			•There were no apparent limitations or complications	
M	56	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Gastric cancer		•EUS Upper (antrum)			•There were no apparent limitations or complications	
M	42	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas •Other specified diseases of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	44	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of pancreas		•EUS Upper •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
F	58	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV anesthesia	•Biliary stricture		•EUS Upper (Liver) •EUS Upper (common hepatic duct and main duct) •EUS Upper (gallbladder) •EUS Upper (the whole pancreas) •EUS Upper (Gallbladder) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreatic mass		•EUS Upper			•There were no apparent limitations or complications	
F	82	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Dysphagia		•EUS Upper (The whole examined esophagus and its layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	82	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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F	71	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Polyp of duodenum		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole duodenum and all layers)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abnormal liver function test		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Abdominal pain •Genetic mutation •Pancreatitis, chronic		•EUS Upper			•There were no apparent limitations or complications	
	52	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Polyp, gastric adenomatous		•EUS Upper (antrum and stomach body)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Cyst of pancreas		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	84	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Porta hepatis mass		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic cyst	•Cefazolin2 gm	•EUS Upper •EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	82	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas •Obstructive jaundice		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
M	38	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Hereditary pancreatitis, suspected pancreatic mass •Abdominal pain •Pancreatic duct stricture		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
M	74	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•dysphagia		•EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•SEL in the stomach		•EUS Upper (The whole examined esophagus and its layers) •EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	

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M	72	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•SEL D2		•EUS Upper (Common Bile duct) •EUS Upper (ampulla) •EUS Upper (Liver) •EUS Upper (The whole duodenum and all layers)			•There were no apparent limitations or complications	
M	63	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•esophageal cancer		•EUS Upper (lower third of the esophagus and middle third of the esophagus) •EUS Upper (anastomosis)			•There were no apparent limitations or complications	
M	46	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Cyst of pancreas		•EUS Upper •EUS Upper (Common Bile duct) •EUS Upper (head of the pancreas) •EUS Upper (lower third of the common bile duct)			•There were no apparent limitations or complications	
F	65	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Pancreatic duct disorder		•EUS Upper (Liver) •EUS Upper •EUS Upper (neck of the pancreas)			•There were no apparent limitations or complications	
M	53	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Chronic pancreatitis •Other specified diseases of pancreas		•EUS Upper (The whole stomach and its layers) •EUS Upper (body and neck of the pancreas. No intraductal stones. The head of the pancreas could not be visualized.)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abdominal pain •Fistula		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	85	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of pancreas					•There were no apparent limitations or complications	
M	63	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Elevated LFTs •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
M	78	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	
	63	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Cystic lesion HOP/NOP, abrupt PD cut off, abnormal LFT and CA 199		•EUS Upper			•There were no apparent limitations or complications	
M	53	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Barrett's esophagus with low grade dysplasia		•EUS Upper			•There were no apparent limitations or complications	
F	75	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Biliary obstruction •Mass of pancreas		•EUS Upper (common hepatic duct and main duct) •EUS Upper			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	62	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Elevated LFTs •Biliary stricture		•EUS Upper (the whole pancreas) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	54	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•CBD dilated		•EUS Upper (Common Bile duct) •EUS Upper (Gallbladder) •EUS Upper (whole pancreas appeared normal) •EUS Upper (Liver)			•There were no apparent limitations or complications	
F	46	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•biliary stricture		•EUS Upper (gallbladder) •EUS Upper (Common Bile duct) •EUS Upper •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
	87	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Cyst of pancreas	•Cefazolin2 gm	•EUS Upper (head/UP of the pancreas) •EUS Upper (tail of the pancreas) •EUS Upper •EUS Upper (head/neck of the pancreas)			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•esophageal cancer		•EUS Upper •EUS Upper (lower third of the esophagus)			•There were no apparent limitations or complications	
F	62	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	84	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreas cyst		•EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
F	38	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Suspected choledocholithiasis						
M	62	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Esophageal mass		•EUS Upper			•There were no apparent limitations or complications	
M	74	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Nodule of esophagus		•EUS Upper (whole pancreas appeared normal) •EUS Upper •EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
M	24	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Choledocholithiasis •RUQ pain		•EUS Upper (Common bile duct) •EUS Upper (common hepatic duct and main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	75	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging •Other diseases of stomach and duodenum						

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	26	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Dilated bile duct •Elevated LFTs •RUQ pain		•EUS Upper (common hepatic duct and main duct) •EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	71	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic cyst		•EUS Upper (head of the pancreas) •EUS Upper (Liver) •EUS Upper (body of the pancreas and tail of the pancreas) •EUS Upper •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Abdominal pain		•EUS Upper (ampulla) •EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct) •EUS Upper (Liver)			•There were no apparent limitations or complications	
M	80	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (common hepatic duct and main duct) •EUS Upper (head of the pancreas) •EUS Upper (all intrahepatic biliary branches and upper third of the common bile duct) •EUS Upper			•There were no apparent limitations or complications	
F	30	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cholelithiasis		•EUS Upper (Common bile duct) •EUS Upper			•There were no apparent limitations or complications	
F	36	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cholelithiasis •Other specified diseases of biliary tract		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	74	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Duodenal polyp		•EUS Upper (The whole duodenum and all layers) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreatitis, chronic •Biliary obstruction •Abnormal finding on imaging		•EUS Upper (the whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
M	70	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Esophageal mass		•EUS Upper			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	74	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Acute pancreatitis		•EUS Upper (Common Bile duct) •EUS Upper (Gallbladder) •EUS Upper •EUS Upper (whole pancreas) •EUS Upper (ampulla) •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of head of pancreas		•EUS Upper •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Biliary stricture		•EUS Upper •EUS Upper (ampulla) •EUS Upper (left hemiliver (left liver)) •EUS Upper (Common Bile duct) •EUS Upper (all intra-, extrahepatic biliary branches were normal The diameter of the walls were 2 mm. The plastic stent was inside CBD, removed with a snare. and all intra- and extrahepatic biliary branches were normal The diameter of the walls were 2 mm. The plastic stent was inside CBD and removed with a snare.) •EUS Upper (head of the pancreas)			•There were no apparent limitations or complications	
M	75	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Hx Whipple + LFT abnormalities		•EUS Upper (left hemiliver (left liver)) •EUS Upper (all intrahepatic biliary branches) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	71	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic cyst	•Cefazolin2 gm	•EUS Upper (body of the pancreas) •EUS Upper (tail of the pancreas) •EUS Upper •EUS Upper			•There were no apparent limitations or complications	
F	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•History of liver transplant, recent pancreatitis, Cholestatic LFT, MRI - ? stricture / mismatch, abdominal pain better. History of choking episodes? Achalasia on CT		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	84	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Porta hepatis mass		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	63	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Cystic lesion HOP/NOP, abrupt PD cut off, abnormal LFT and CA 199		•EUS Upper			•There were no apparent limitations or complications	
M	78	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pseudocyst, pancreatic •Pancreatitis, chronic •Abdominal pain	•Cefazolin2 gm	•EUS Upper			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	48	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Polyp, gastric hypertrophic		•EUS Upper (stomach body)			•There were no apparent limitations or complications	
M	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Liver transplant status •Elevated liver function tests		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gastric mass		•EUS Upper (stomach body)			•There were no apparent limitations or complications	
F	66	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•nodule in D2		•EUS Upper (The whole duodenum and all layers) •EUS Upper (second part of the duodenum)			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Obstruction of bile duct		•EUS Upper (main duct) •EUS Upper (left hemiliver (left liver) and right hemiliver (right liver)) •EUS Upper (bifurcation of the main biliary duct, lower third of the common bile duct and middle third of the common bile duct)			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Esophageal dysphagia		•EUS Upper (The whole stomach and its layers) •EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	44	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Dilated cbd, acquired •RUQ pain		•EUS Upper (Common Bile duct) •EUS Upper (Gallbladder) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	79	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas		•EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
M	46	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Esophageal carcinoma		•EUS Upper			•There were no apparent limitations or complications	
F	85	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas		•EUS Upper •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	45	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cyst of pancreas		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Neoplasm of uncertain behavior of oth digestive organs		•EUS Upper (lower third of the esophagus)			•There were no apparent limitations or complications	
M	65	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Polyp of duodenum		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	62	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Family history of pancreatic cancer		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	49	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Prob. PD stone		•EUS Upper (whole pancreas) •EUS Upper (the whole pancreas) •EUS Upper (Common Bile duct) •EUS Upper (Liver)			•There were no apparent limitations or complications	
M	54	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreatic Cyst	•Cefazolin2 gm	•EUS Upper (whole pancreas) •EUS Upper •EUS Upper (tail of the pancreas) •EUS Upper (Liver) •EUS Upper			•There were no apparent limitations or complications	
F	61	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Biliary stricture		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct) •EUS Upper (Liver) •EUS Upper (Gallbladder) •EUS Upper (gallbladder) •EUS Upper (antrum)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	45	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Subepithelial esophageal mass		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
F	84	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric polyps		•EUS Upper (whole pancreas appeared normal) •EUS Upper (stomach body)			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Duodenal papillary stenosis •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary stricture		•EUS Upper (whole pancreas appeared normal) •EUS Upper (all intrahepatic biliary branches) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	31	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholelithiasis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	42	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Porta hepatic mass		•EUS Upper •EUS Upper (main duct)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•OLT, suspected biliary stricture		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	58	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Obstruction of duodenum		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	56	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of head of pancreas		•EUS Upper			•There were no apparent limitations or complications	
	57	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test and cholangitis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	82	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•esophageal ulcer		•EUS Upper (The whole examined esophagus and its layers) •EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
F	53	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•CBD dilation		•EUS Upper (bifurcation of the main biliary duct) •EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct) •EUS Upper (Liver) •EUS Upper (Gallbladder) •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
	24	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Recurrent pancreatitis, but pain free until 3days back. No weight loss.	•Cefazolin2 gm	•EUS Upper •EUS Upper (neck/head of the pancreas) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	78	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Dyspepsia •Abdominal pain •Unexplained weight loss		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
F	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Duodenal stricture		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	66	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging		•EUS Upper			•There were no apparent limitations or complications	
F	57	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreatitis, chronic		•EUS Upper (main duct) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
	50	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Strong family history of pancreatic cancer, screening EUS •Cyst of pancreas	•Cefazolin2 gm	•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

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F	39	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Choledocholithiasis •Other specified diseases of biliary tract		•EUS Upper (Common Bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	37	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Groove pancreatitis		•EUS Upper (head of the pancreas) •EUS Upper •EUS Upper (Gallbladder) •EUS Upper (Common Bile duct) •EUS Upper (gallbladder) •EUS Upper (Liver)			•There were no apparent limitations or complications	
F	46	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Abdominal pain		•EUS Upper (lower third of the common bile duct, middle third of the common bile duct and upper third of the common bile duct) •EUS Upper (Common bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	18	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Gallstone pancreatitis		•EUS Upper			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Right upper quadrant abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	66	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary stricture		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	56	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatic cyst		•EUS Upper			•There were no apparent limitations or complications	
M	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant with suspected leak		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	42	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Prob. chronic pancreatitis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct) •EUS Upper (Liver)			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Cyst of pancreas		•EUS Upper (Liver) •EUS Upper (head/neck of the pancreas) •EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
M	62	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Cyst of pancreas		•EUS Upper (whole pancreas) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	54	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging		•EUS Upper •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	87	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Choledocholithiasis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreatitis, chronic		•EUS Upper (Common Bile duct) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	78	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging •Other specified diseases of pancreas		•EUS Upper •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	61	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Other specified diseases of biliary tract •Abdominal pain		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	23	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•SEL D2		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	78	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (head/Uncinate process of the pancreas) •EUS Upper (common hepatic duct and main duct) •EUS Upper			•There were no apparent limitations or complications	
F	49	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Choledocholithiasis		•EUS Upper •EUS Upper (Common bile duct)			•There were no apparent limitations or complications	
M	49	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Primary sclerosing cholangitis		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Post OLT stricture		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	20	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	71	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas		•EUS Upper			•There were no apparent limitations or complications	
M	76	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•gastric ulcer		•EUS Upper (The whole stomach and its layers) •EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic cyst	•Cefazolin2 gm	•EUS Upper (body of the pancreas) •EUS Upper •EUS Upper (Liver)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	67	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Abdominal pain		•EUS Upper (whole pancreas) •EUS Upper (Common Bile duct) •EUS Upper (Liver)			•There were no apparent limitations or complications	
F	61	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•chronic pancreatitis vs MD-IPMN		•EUS Upper (whole pancreas) •EUS Upper (Common Bile duct) •EUS Upper (main pancreatic duct) •EUS Upper			•There were no apparent limitations or complications	
F	76	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•gastric cancer		•EUS Upper (fundus) •EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	65	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Pancreatic duct disorder		•EUS Upper (main pancreatic duct) •EUS Upper (body of the pancreas and tail of the pancreas)			•There were no apparent limitations or complications	
M	59	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Other specified disease of esophagus •Barrett's esophagus with dysplasia		•EUS Upper •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	75	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of pancreas		•EUS Upper (common hepatic duct and main duct) •EUS Upper			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abdominal pain •Weight loss •Abnormal finding on imaging		•EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
	59	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Cyst of pancreas •Chronic pancreatitis •Other specified diseases of pancreas		•EUS Upper (the body and tail of the pancreas)			•There were no apparent limitations or complications	
M	47	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abdominal pain •Acute pancreatitis		•EUS Upper (main duct) •EUS Upper			•There were no apparent limitations or complications	
F	69	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
F	93	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Prob. mass in the gallbladder		•EUS Upper (Common bile duct) •EUS Upper (Gallbladder) •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
M	59	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (Common Bile duct) •EUS Upper •EUS Upper (head/UP of the pancreas)			•There were no apparent limitations or complications	
M	81	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (tail of the pancreas and head of the pancreas) •EUS Upper			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	66	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
M	64	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abnormal liver function test		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
F	36	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Suspected choledocholithiasis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Thickened gastric fold •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole stomach and its layers)			•There were no apparent limitations or complications	
M	66	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Barrett's Epithelium		•EUS Upper (whole pancreas appeared normal) •EUS Upper (whole examined esophagus and its layers)			•There were no apparent limitations or complications	
F	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Other specified diseases of biliary tract		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	67	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Peripancreatic lymph node enlargement •Abdominal pain •Choledocholithiasis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric nodule		•EUS Upper (antrum)			•There were no apparent limitations or complications	
F	62	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Weight loss		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	46	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Abdominal pain		•EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
F	75	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver function tests		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	53	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•SEL in the cardias		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Liver) •EUS Upper (The whole examined esophagus and its layers) •EUS Upper (Gallbladder) •EUS Upper (gallbladder) •EUS Upper (Common Bile duct) •EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
M	41	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•pancreatic cyst		•EUS Upper •EUS Upper (neck/body of the pancreas)			•There were no apparent limitations or complications	
M	44	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC							
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Pancreas cyst		•EUS Upper (body of the pancreas) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	54	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•nodularity in the EGJ		•EUS Upper (The whole examined esophagus and its layers) •EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Gastric polyp		•EUS Upper (The whole stomach and its layers) •EUS Upper (fundus) •EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	59	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of pancreas		•EUS Upper			•There were no apparent limitations or complications	
M	76	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Generalized abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	65	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent acute pancreatitis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	47	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Other diseases of stomach and duodenum		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	48	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Jaundice •Common bile duct (CBD) stricture		•EUS Upper (Common bile duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	52	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•chronic pancreatitis		•EUS Upper (whole pancreas) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	76	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Double duct sign		•EUS Upper (ampulla) •EUS Upper (Liver)			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper (tail of the pancreas) •EUS Upper (Liver) •EUS Upper			•There were no apparent limitations or complications	
F	41	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Cholangitis		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary sludge		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	54	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreas cyst •GI Bleed •Other diseases of stomach and duodenum		•EUS Upper (Common Bile duct) •EUS Upper (the whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
	66	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Other diseases of stomach and duodenum •Post RFA recurrence of cancerous nodule for evaluation and attempted EMR •Barrett's esophagus without dysplasia		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
	63	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Cystic lesion HOP/NOP, abrupt PD cut off, abnormal LFT and CA 199		•EUS Upper			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cholecysto-cutaneous fistula		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	51	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	63	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (head of the pancreas) •EUS Upper (common hepatic duct and main duct) •EUS Upper			•There were no apparent limitations or complications	
	52	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Suspected insulinoma		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	60	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Obstruction of bile duct •Abdominal pain		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	53	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•obstructive jaundice		•EUS Upper (all intrahepatic biliary branches) •EUS Upper (gallbladder) •EUS Upper (common hepatic duct and main duct) •EUS Upper (Gallbladder)			•There were no apparent limitations or complications	
F	62	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cyst of pancreas		•EUS Upper			•There were no apparent limitations or complications	
	49	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abnormal liver function test		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	70	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mediastinal mass		•EUS Upper (retrotracheal nodes)			•There were no apparent limitations or complications	
M	43	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •DCD liver •Elevated liver tests •Liver transplant status		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	52	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Jaundice		•EUS Upper (Common bile duct) •EUS Upper (Gallbladder)			•There were no apparent limitations or complications	
M	85	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreas cyst		•EUS Upper •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	70	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Neuroendocrine tumor		•EUS Upper (whole pancreas appeared normal) •EUS Upper (The whole stomach and its layers)			•There were no apparent limitations or complications	
F	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Gastric polyp		•EUS Upper (antrum) •EUS Upper			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Biliary stricture		•EUS Upper (Liver) •EUS Upper (Uncinate process) •EUS Upper			•There were no apparent limitations or complications	
F	61	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•CBD dilation		•EUS Upper •EUS Upper (Common Bile duct) •EUS Upper (Liver) •EUS Upper (body of the pancreas) •EUS Upper (Gallbladder)			•There were no apparent limitations or complications	
M	69	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Chronic pancreatitis		•EUS Upper (the whole pancreas) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	81	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•Obstructive Jaundice	•Cefazolin2 gm	•EUS Upper (all intrahepatic biliary branches) •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
F	41	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Pancreatic necrosis		•EUS Upper •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas	•Cefazolin2 gm	•EUS Upper (whole pancreas) •EUS Upper			•There were no apparent limitations or complications	
M	77	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Other diseases of stomach and duodenum •Neuroendocrine neoplasm of small intestine		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	61	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver function tests		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Suspected ampullary mass •Abdominal pain		•EUS Upper			•There were no apparent limitations or complications	
	42	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•OLT for NASH Cirrhosis 5/21, suspected bile leak for attempted ERCP •Liver transplant status		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Submucosal polyp of duodenum		•EUS Upper (duodenal bulb)			•There were no apparent limitations or complications	
F	53	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Liver transplant recipient		•EUS Upper (main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
M	35	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Mass of pancreas		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	
F	41	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes level •Liver transplant status •Suspected pancreatic duct leak		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	86	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Pancreatic duct disorder •Abdominal pain		•EUS Upper (main pancreatic duct)			•There were no apparent limitations or complications	
M	75	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Gastric cancer		•EUS Upper (whole pancreas appeared normal) •EUS Upper			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	75	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Double duct sign		•EUS Upper (CBD) •EUS Upper (common hepatic duct and main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
F	79	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•RAPI		•EUS Upper (Gallbladder) •EUS Upper (tail of the pancreas) •EUS Upper (gallbladder) •EUS Upper (second part of the duodenum) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•CBD dilated		•EUS Upper (whole pancreas appeared normal) •EUS Upper (gallbladder) •EUS Upper (Gallbladder) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	68	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•pancreatic cyst	•Cefazolin2 gm	•EUS Upper (head/neck of the pancreas) •EUS Upper (Common Bile duct) •EUS Upper			•There were no apparent limitations or complications	
F	69	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of head of pancreas		•EUS Upper •EUS Upper (Common bile duct)			•There were no apparent limitations or complications	
M	48	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Mass of pancreas		•EUS Upper •EUS Upper (common hepatic duct and main duct)			•There were no apparent limitations or complications	
F	69	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC	•Peripancreatic mass		•EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
	85	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			MAC with IV sedation	•Cyst of pancreas		•EUS Upper •EUS Upper			•There were no apparent limitations or complications	
F	72	Endoscopic Ultrasound (Upper)		•Anastasiou Ioannis			MAC	•Dilation of biliary tract		•EUS Upper (whole pancreas appeared normal) •EUS Upper (common hepatic duct and main duct) •EUS Upper (main duct)			•There were no apparent limitations or complications	
	68	Endoscopic Ultrasound (Upper)		•Inamdar Sumant			IV general anesthesia	•Biliary leak •Liver transplant status		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	77	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Jaundice		•EUS Upper (major papilla) •EUS Upper (whole pancreas appeared normal) •EUS Upper (Common Bile duct) •EUS Upper (Liver) •EUS Upper (Gallbladder) •EUS Upper (gallbladder)			•There were no apparent limitations or complications	
F	73	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			MAC	•Mass of pancreas		•EUS Upper •EUS Upper (Common Bile duct) •EUS Upper (neck/body of the pancreas)			•There were no apparent limitations or complications	
F	51	Endoscopic Ultrasound (Upper)		•Tellezavila Felix			IV general anesthesia	•biliary stricture		•EUS Upper (Liver) •EUS Upper (common hepatic duct and main duct) •EUS Upper (whole pancreas appeared normal)			•There were no apparent limitations or complications	
Endoscopic Ultrasound FNA Liver Biopsy														2
F	47	Endoscopic Ultrasound FNA Liver Biopsy		•Tellezavila Felix			IV general anesthesia	•Suspected choledocholithiasis		•EUS Upper (whole pancreas appeared normal) •EUS Upper (Left lobe and segment 3)			•There were no apparent limitations or complications	
M	58	Endoscopic Ultrasound FNA Liver Biopsy		•Tellezavila Felix			IV general anesthesia	•Obstructive Jaundice	•Cefazolin1 gm	•EUS Upper (common hepatic duct and main duct) •EUS Upper (whole pancreas appeared normal) •EUS Upper (lower third of the common bile duct)			•There were no apparent limitations or complications	
Endoscopic Ultrasound with EMR														9
M	55	Endoscopic Ultrasound with EMR		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•EUS Upper (the whole pancreas) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
F	55	Endoscopic Ultrasound with EMR		•Inamdar Sumant			MAC	•Pancreatitis, chronic		•EUS Upper (main duct)			•There were no apparent limitations or complications	
F	46	Endoscopic Ultrasound with EMR		•Tellezavila Felix			IV general anesthesia	•Peripanceatic fluid collection		•EUS Upper •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
F	75	Endoscopic Ultrasound with EMR		•Inamdar Sumant			MAC with IV sedation	•Dysphagia, other		•EUS Upper			•There were no apparent limitations or complications	
F	36	Endoscopic Ultrasound with EMR		•Tellezavila Felix			MAC	•OBSTRUCTIVE JAUNDICE						
F	59	Endoscopic Ultrasound with EMR		•Tellezavila Felix			MAC	•SEL in the esophagus		•EUS Upper (lower third of the esophagus)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	75	Endoscopic Ultrasound with EMR		•Tellezavila Felix			IV general anesthesia	•double duct sign		•EUS Upper (ampulla) •EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct) •EUS Upper (lower third of the common bile duct)			•There were no apparent limitations or complications	
F	19	Endoscopic Ultrasound with EMR		•Tellezavila Felix			IV general anesthesia	•intermediate prob. of Choledocholithiasis		•EUS Upper (Liver) •EUS Upper •EUS Upper (ampulla) •EUS Upper (whole pancreas) •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
F	81	Endoscopic Ultrasound with EMR		•Inamdar Sumant			MAC	•Bile leak, post operative •Abdominal pain		•EUS Upper (whole pancreas appeared normal) •EUS Upper (main duct)			•There were no apparent limitations or complications	
Endoscopic Ultrasound with FNA														2
M	36	Endoscopic Ultrasound with FNA		•Tellezavila Felix			MAC	•Symptomatic pseudocyst for attempted endoscopic drainage		•EUS Upper •EUS Upper (Common Bile duct) •EUS Upper •EUS Upper (The whole stomach and its layers) •EUS Upper (whole pancreas) •EUS Upper (tail of the pancreas) •EUS Upper (The whole examined esophagus and its layers)			•There were no apparent limitations or complications	
M	55	Endoscopic Ultrasound with FNA		•Tellezavila Felix			IV general anesthesia	•chronic pancreatitis		•EUS Upper (the whole pancreas) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
Endoscopy Necrosectomy														2
M	33	Endoscopy Necrosectomy		•Tellezavila Felix			MAC	•Pancreatic necrosis		•EUS Upper (The whole examined esophagus and its layers) •EUS Upper (stomach body)			•There were no apparent limitations or complications	
M	53	Endoscopy Necrosectomy		•Inamdar Sumant			MAC	•Walled off pancreatic necrosis		•EUS Upper			•There were no apparent limitations or complications	
Enteroscopy														14
M	72	Enteroscopy		•Inamdar Sumant			IV general anesthesia	•Severe acute pancreatitis with gastric outlet obstruction		•Normal mucosa (jejunum)			•There were no apparent limitations or complications	
F	64	Enteroscopy		•Inamdar Sumant			Moderate sedation	•Suspected gastroparesis, pyloric stenosis ?? Malnutrition for J tube replacement		•Additional Finding			•There were no apparent limitations or complications	
	81	Enteroscopy		•Tellezavila Felix			MAC	•Polyp of stomach and duodenum		•Polyp (distal duodenum, proximal jejunum and distal duodenum and proximal jejunum)			•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	81	Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia •Other diseases of stomach and duodenum	•Fentanyl50 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
M	83	Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia •Melena		•Additional Finding			•There were no apparent limitations or complications	
F	40	Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•Abdominal pain		•Additional Finding			•There were no apparent limitations or complications	
F	52	Enteroscopy		•Tellezavila Felix			Moderate sedation	•Crohn Disease	•Fentanyl100 mcg •Versed4 mg	•Abnormal mucosa (terminal ileum)			•There were no apparent limitations or complications	
F	67	Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•Melena •AVM (arteriovenous malformation) of small bowel, acquired		•Additional Finding •Additional Finding			•There were no apparent limitations or complications	
F	86	Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•Melena		•Additional Finding			•There were no apparent limitations or complications	
F	67	Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•Melena •AVM (arteriovenous malformation) of small bowel, acquired	•Fentanyl100 mcg •Benadryl50 mg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
M	64	Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•HHT (hereditary hemorrhagic telangiectasia)		•Additional Finding			•There were no apparent limitations or complications	
F	70	Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•Anemia		•Additional Finding			•There were no apparent limitations or complications	
F	68	Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•Foreign body alimentary tract		•Additional Finding			•There were no apparent limitations or complications	
M	72	Enteroscopy		•Anastasiou Ioannis			Moderate sedation	•Fever, unknown origin		•Additional Finding			•There were no apparent limitations or complications	
ERCP														541
	57	ERCP		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test and cholangitis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	78	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	70	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas	•Cefazolin2 gm	•Obstruction			•There were no apparent limitations or complications	
F	19	ERCP		•Tellezavila Felix			MAC	•choledocholithiasis		•Stone (5 mm)			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	89	ERCP		•Tellezavila Felix			IV general anesthesia	•biliary obstruction					•Unable to pass the scope through the pylorus 2/2 malignant infiltration	
F	68	ERCP		•Tellezavila Felix			IV general anesthesia	•Biliary leak					•There were no apparent limitations or complications	
	65	ERCP		•Tellezavila Felix			IV general anesthesia	•Post transplant for HCC - worsening cholestasis					•There were no apparent limitations or complications	
F	65	ERCP		•Tellezavila Felix			IV general anesthesia	•obstructive jaundice		•Stricture (bifurcation of the main biliary duct)			•There were no apparent limitations or complications	
M	67	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice					•There were no apparent limitations or complications	
F	75	ERCP		•Inamdar Sumant			IV general anesthesia	•Dilated bile duct •Mass of pancreas	•Cefazolin2 gm				•There were no apparent limitations or complications	
	57	ERCP		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test and cholangitis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	62	ERCP		•Tellezavila Felix			IV general anesthesia	•Other specified diseases of biliary tract					•There were no apparent limitations or complications	
M	29	ERCP		•Tellezavila Felix			MAC	•Post ampullectomy follow up, scar biopsy - LGD		•Previous Intervention •Normal •Polyp (antrum, fundus and stomach body) •Abnormal mucosa			•There were no apparent limitations or complications	
M	68	ERCP		•Tellezavila Felix			MAC	•biliary stricture		•Stricture (left intrahepatic biliary branches)			•There were no apparent limitations or complications	
F	61	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•Stricture (lower third of the common bile duct)			•There were no apparent limitations or complications	
F	78	ERCP		•Tellezavila Felix			IV general anesthesia	•biliary stricture		•Previous Intervention			•There were no apparent limitations or complications	
F	67	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	84	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice, suspected ampullary mass	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	72	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	64	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice	•Cefazolin2 gm				•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	84	ERCP		•Inamdar Sumant			IV general anesthesia	•Acquired dilation of bile duct •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	55	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatitis, chronic					•There were no apparent limitations or complications	
	68	ERCP		•Tellezavila Felix			IV general anesthesia	•Pancreas divisum and recurrent acute pancreatitis	•Glucagon2 ml	•Normal			•There were no apparent limitations or complications	
F	67	ERCP		•Tellezavila Felix			IV general anesthesia	•Other specified diseases of biliary tract		•Normal			•There were no apparent limitations or complications	
M	73	ERCP		•Tellezavila Felix			MAC	•Polyp in duodenum		•Additional Finding •Mass (20 mm)			•There were no apparent limitations or complications	
M	72	ERCP		•Tellezavila Felix			IV general anesthesia	•Liver replaced by transplant	•Cefazolin2 gm	•Normal			•There were no apparent limitations or complications	
	64	ERCP		•Tellezavila Felix			IV general anesthesia	•Choledocholithiasis		•Stone (lower third of the common bile duct, 10 mm to 15 mm)		•successful and deep	•There were no apparent limitations or complications	
	28	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant •Abdominal pain	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	97	ERCP		•Tellezavila Felix			IV general anesthesia	•Obstructive Jaundice		•Obstruction (all intrahepatic biliary branches and common hepatic duct) •Obstruction (all intrahepatic biliary branches and common hepatic duct)			•There were no apparent limitations or complications	
M	61	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
	80	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	43	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain					•There were no apparent limitations or complications	
	30	ERCP		•Inamdar Sumant			IV general anesthesia	•h/o UC w/ Proximal biliary stricture on MRCP.	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	70	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary sludge •Dilated pancreatic duct	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	80	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak •Abdominal pain	•Benadryl50 mg				•There were no apparent limitations or complications	
F	41	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver enzymes level	•Cefazolin2 gm				•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	52	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abnormal liver function	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	80	ERCP		•Inamdar Sumant			IV general anesthesia	•Ampullary cancer	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
M	50	ERCP		•Inamdar Sumant			IV general anesthesia	•Pancreatic duct stones vs calcifications •Abdominal pain •Recurrent pancreatitis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	32	ERCP		•Inamdar Sumant			IV general anesthesia	•Ampullary adenoma	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
M	58	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice	•Cefazolin2 gm				•There were no apparent limitations or complications	
	65	ERCP		•Inamdar Sumant			IV general anesthesia	•Post transplant for HCC - worsening cholestasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
	49	ERCP		•Inamdar Sumant			IV general anesthesia	•Gastric bypass, Mixed LFT, abdominal pain, previous multiple surgeries with adhesions, suspected CBD Stone with dilated CBD	•Cefazolin2 gm				•There were no apparent limitations or complications	
	59	ERCP		•Tellezavila Felix			IV general anesthesia	•biliary stricture sec to chronic pancreatitis		•Stricture (lower third of the common bile duct)			•There were no apparent limitations or complications	
M	77	ERCP		•Tellezavila Felix			IV general anesthesia	•Painless Jaundice		•Stenosis			•There were no apparent limitations or complications	
F	63	ERCP		•Tellezavila Felix			IV general anesthesia	•Choledocholithiasis					•There were no apparent limitations or complications	
	57	ERCP		•Tellezavila Felix			IV general anesthesia	•cholangitis					•There were no apparent limitations or complications	
M	49	ERCP		•Tellezavila Felix			IV general anesthesia	•GSW with suspected pancreatic duct leak					•There were no apparent limitations or complications	
M	80	ERCP		•Anastasiou Ioannis			MAC	•Choledocholithiasis with obstruction					•There were no apparent limitations or complications	
M	58	ERCP		•Anastasiou Ioannis			MAC	•Mass of pancreas		•Additional Finding			•There were no apparent limitations or complications	
F	64	ERCP		•Anastasiou Ioannis			MAC	•Obstructive jaundice		•Additional Finding			•There were no apparent limitations or complications	
M	66	ERCP		•Inamdar Sumant			IV general anesthesia	•PSC s/p liver transplant •Bile leak	•Cefazolin2 gm				•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	70	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Duplication cyst of the ampulla	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	81	ERCP		•Inamdar Sumant			IV general anesthesia	•Dilated pancreatic duct •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	52	ERCP		•Inamdar Sumant			IV general anesthesia	•biliary leak •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	46	ERCP		•Inamdar Sumant			IV general anesthesia	•Recurrent acute pancreatitis •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	69	ERCP		•Inamdar Sumant			MAC							
M	42	ERCP		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	68	ERCP		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
	58	ERCP		•Tellezavila Felix			IV general anesthesia	•postanastomotic stricture					•There were no apparent limitations or complications	
	49	ERCP		•Tellezavila Felix			IV general anesthesia	•EDGE procedure for gastro gastrostomy		•Additional Finding •Abnormal mucosa (antrum)			•There were no apparent limitations or complications	
F	29	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Choledocholithiasis					•There were no apparent limitations or complications	
M	44	ERCP		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	23	ERCP		•Tellezavila Felix			IV general anesthesia	•Other specified diseases of biliary tract					•There were no apparent limitations or complications	
M	82	ERCP		•Tellezavila Felix			IV general anesthesia	•choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	63	ERCP		•Inamdar Sumant			IV general anesthesia	•Suspected cholangitis					•There were no apparent limitations or complications	
M	72	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatic duct calculus •Pancreatitis, chronic	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	58	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver tests suspected biliary stricture	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	63	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary sludge with dilated bile ducts, likely papillary stenosis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	43	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant with elevated liver tests suspected biliary stricture •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	91	ERCP		•Tellezavila Felix			MAC	•Choledocholithiasis					•There were no apparent limitations or complications	
F	47	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	66	ERCP		•Inamdar Sumant			IV general anesthesia	•PSC s/p liver transplant •Bile leak	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	44	ERCP		•Tellezavila Felix			IV general anesthesia	•biliary stricture secondary to chronic pancreatitis		•Stricture (lower third of the common bile duct)			•There were no apparent limitations or complications	
F	64	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas					•There were no apparent limitations or complications	
M	55	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas					•There were no apparent limitations or complications	
F	40	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	41	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary sludge	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	47	ERCP		•Inamdar Sumant			IV general anesthesia	•PSC with biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
	76	ERCP		•Inamdar Sumant			MAC	•Biliary dilation					•There were no apparent limitations or complications	
F	34	ERCP		•Tellezavila Felix			IV general anesthesia	•Post pancreatic Sx - fistula with leak, drain in situ - for attempted PD stenting	•Indomethacin100 mg	•Previous Intervention			•There were no apparent limitations or complications	
F	32	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Bile leak	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	43	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Papillary stenosis •Biliary sludge	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	

Procedures Log

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	28	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver tests s/p liver transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	75	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice •Abdominal pain •Mass of pancreas	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	59	ERCP		•Inamdar Sumant			IV general anesthesia	•Papillary stenosis •Abdominal pain	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	55	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatitis, chronic	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	47	ERCP		•Tellezavila Felix			IV general anesthesia	•Choledocholithiasis					•There were no apparent limitations or complications	
	44	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •PSC s/p liver transplant with dilated ducts	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	24	ERCP		•Inamdar Sumant			IV general anesthesia	•Adenoma of duodenum	•Cefazolin2 gm				•There were no apparent limitations or complications	
	74	ERCP		•Tellezavila Felix			IV general anesthesia	•choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	29	ERCP		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis •Abdominal pain					•There were no apparent limitations or complications	
F	59	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver enzymes level	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	34	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Bile leak, post operative	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	57	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	43	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	54	ERCP		•Tellezavila Felix			IV general anesthesia	•Obstruction of bile duct					•There were no apparent limitations or complications	
M	77	ERCP		•Tellezavila Felix			IV general anesthesia	•Painless Jaundice					•There were no apparent limitations or complications	
F	28	ERCP		•Inamdar Sumant			IV general anesthesia	•Papillary stenosis, RUQ pain, elevated liver tests	•Cefazolin2 gm				•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	74	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
	61	ERCP		•Tellezavila Felix			IV general anesthesia	•OLT, suspected biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	71	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain •Dilated bile duct	•Cefazolin2 gm				•There were no apparent limitations or complications	
	35	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice, chronic pancreatitis, difficult cannulation of duodenum previously •Severe necrotizing pancreatitis with GOO s/p GJ bypass	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	80	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture •Abdominal pain •Ampullary cancer					•There were no apparent limitations or complications	
F	70	ERCP		•Tellezavila Felix			IV general anesthesia	•Jaundice					•There were no apparent limitations or complications	
	71	ERCP		•Inamdar Sumant			IV general anesthesia	•OLT, suspected anastomotic stricture, abdominal pain, obstructive jaundice.	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	62	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak s/p liver transplant	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
M	64	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Necrosis of pancreas					•There were no apparent limitations or complications	
	57	ERCP		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	50	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	41	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive hyperbilirubinemia •Abdominal pain					•There were no apparent limitations or complications	
M	44	ERCP		•Tellezavila Felix			IV general anesthesia	•Chronic pancreatitis, H/o biliary stents, abdominal pain, cholestatic LFT, NI CA 199					•There were no apparent limitations or complications	
F	41	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver enzymes level	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	32	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative	•Cefazolin3 gm				•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	36	ERCP		•Tellezavila Felix			IV general anesthesia	•Bile leak, post operative					•There were no apparent limitations or complications	
M	57	ERCP		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas •Obstructive jaundice	•Cefazolin2 gm				•There were no apparent limitations or complications	
	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes level •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
	65	ERCP		•Inamdar Sumant			IV general anesthesia	•Post transplant for HCC - worsening cholestasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	44	ERCP		•Tellezavila Felix			IV general anesthesia	•Ampullary adenoma post ampullectomy follow up		•Additional Finding			•There were no apparent limitations or complications	
M	62	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak s/p liver transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	43	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Suspected chronic pancreatitis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	52	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •biliary leak	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	36	ERCP		•Tellezavila Felix			IV general anesthesia	•Bile leak, post operative					•There were no apparent limitations or complications	
F	68	ERCP		•Tellezavila Felix			IV general anesthesia	•Stricture of pancreato-jejunum anastomosis		•Normal mucosa (whole esophagus) •Normal mucosa (whole stomach)			•There were no apparent limitations or complications	
M	57	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	72	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain •Papillary stenosis					•There were no apparent limitations or complications	
F	65	ERCP		•Inamdar Sumant			IV general anesthesia	•History of liver transplant, recent pancreatitis, Cholestatic LFT, MRI - ? stricture / mismatch, abdominal pain better. ALP remaining high.					•There were no apparent limitations or complications	
F	52	ERCP		•Inamdar Sumant			IV general anesthesia	•Sub total CCY, Chronic Bile leak despite plastic stents, external drain	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	75	ERCP		•Inamdar Sumant			IV general anesthesia	•Cirrhosis, unspecified •Hemorrhagic cholecystitis					•There were no apparent limitations or complications	
M	59	ERCP		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas	•Cefazolin2 gm				•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	56	ERCP		•Tellezavila Felix			IV general anesthesia	•Giant choledocholithiasis					•There were no apparent limitations or complications	
M	66	ERCP		•Tellezavila Felix			IV general anesthesia	•OLT, Anastomotic stricture, previous PTC and Biliary stents, Lt lobe atrophic, ? rt lobe stentable					•There were no apparent limitations or complications	
F	59	ERCP		•Tellezavila Felix			IV general anesthesia	•SOD, previous good response to ERCP, worsening symptoms, suspected re-obstruction, LFT fluctuating					•There were no apparent limitations or complications	
	30	ERCP		•Inamdar Sumant			IV general anesthesia	•h/o UC w/ Proximal biliary stricture on MRCP.	•Cefazolin2 gm				•There were no apparent limitations or complications	
	74	ERCP		•Tellezavila Felix			IV general anesthesia	•Other specified diseases of biliary tract	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	76	ERCP		•Tellezavila Felix			IV general anesthesia	•Cholangitis	•Cipro400 mg				•There were no apparent limitations or complications	
F	78	ERCP		•Tellezavila Felix			IV general anesthesia	•Prob stricture in the distal CBD					•There were no apparent limitations or complications	
M	50	ERCP		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis •Pancreatic duct stones vs calcifications •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	80	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Bile leak	•Cefazolin2 gm				•There were no apparent limitations or complications	
	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	67	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	65	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	73	ERCP		•Tellezavila Felix			IV general anesthesia	•obstructive jaundice					•There were no apparent limitations or complications	
M	60	ERCP		•Tellezavila Felix			IV general anesthesia	•jaundice					•There were no apparent limitations or complications	
F	98	ERCP		•Tellezavila Felix			IV general anesthesia	•Choledocholithiasis		•Diverticulum			•There were no apparent limitations or complications	

Procedures Log

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F	64	ERCP		•Tellezavila Felix			IV general anesthesia	•stent removal					•There were no apparent limitations or complications	
F	77	ERCP		•Tellezavila Felix			MAC	•1.5cm biliary stone for decompression, post CCY					•There were no apparent limitations or complications	
M	44	ERCP		•Tellezavila Felix			IV general anesthesia	•pancreatic leak	•Indomethacin100 mg				•There were no apparent limitations or complications	
F	66	ERCP		•Tellezavila Felix			IV general anesthesia	•Post ampullectomy follow up		•Normal			•There were no apparent limitations or complications	
	56	ERCP		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Abdominal pain •Elevated liver function tests	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	69	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	25	ERCP		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis					•There were no apparent limitations or complications	
F	75	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	37	ERCP		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	60	ERCP		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Biliary sludge	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	20	ERCP		•Tellezavila Felix			IV general anesthesia	•choledocholithiasis					•There were no apparent limitations or complications	
M	31	ERCP		•Tellezavila Felix			IV general anesthesia	•Pancreatitis, chronic					•There were no apparent limitations or complications	
M	43	ERCP		•Inamdar Sumant			IV general anesthesia	•Pseudocyst, pancreatic •Abdominal pain	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	73	ERCP		•Inamdar Sumant			IV general anesthesia	•Ampullary adenoma •Pancreatic duct leak s/p Whipple's procedure for ampullary cancer with biliary invasion					•There were no apparent limitations or complications	
M	53	ERCP		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function tests •Liver replaced by transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	78	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	59	ERCP		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas					•There were no apparent limitations or complications	
M	52	ERCP		•Inamdar Sumant			IV general anesthesia	•Impacted , ingrown metal stent in the bile duct	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	89	ERCP		•Inamdar Sumant			IV general anesthesia	•Suspected cholangitis	•Cefazolin2 gm				•There were no apparent limitations or complications	
	68	ERCP		•Tellezavila Felix			IV general anesthesia	•Acute pancreatitis (recurrent)					•There were no apparent limitations or complications	
M	73	ERCP		•Tellezavila Felix			IV general anesthesia	•Ampullectomy, suveillance		•Abnormal mucosa			•There were no apparent limitations or complications	
F	62	ERCP		•Tellezavila Felix			IV general anesthesia	•choledocholithiasis					•There were no apparent limitations or complications	
M	52	ERCP		•Inamdar Sumant			IV general anesthesia	•Cirrhosis, unspecified •Liver transplant status •Abnormal liver function	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	61	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	32	ERCP		•Tellezavila Felix			MAC	•Ampullary adenoma		•Previous Intervention			•There were no apparent limitations or complications	
	67	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	73	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstuctive jaundice	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	72	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Abnormal liver function •Liver replaced by transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	46	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Cyst of pancreas •Obstruction of biliary tree					•There were no apparent limitations or complications	
	52	ERCP		•Tellezavila Felix			IV general anesthesia	•obstructive jaundice					•There were no apparent limitations or complications	
F	63	ERCP		•Tellezavila Felix			IV general anesthesia	•Choledocholithiasis					•There were no apparent limitations or complications	

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	58	ERCP		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic •Pancreatic duct calculus •Pancreatic duct obstruction •Abdominal pain	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
	57	ERCP		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis					•There were no apparent limitations or complications	
F	54	ERCP		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis with papillary stenosis with h/o gastric bypass here EUS / ERCP s/p staged EDGE procedure					•There were no apparent limitations or complications	
	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant recipient •Bile leak, post operative	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	92	ERCP		•Inamdar Sumant			IV general anesthesia	•Cholangitis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	79	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Obstructive jaundice	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	42	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatitis, chronic •Other specified diseases of biliary tract					•There were no apparent limitations or complications	
M	66	ERCP		•Inamdar Sumant			IV general anesthesia	•Acquired dilation of bile duct	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	37	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
	57	ERCP		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test	•Cefazolin2 gm				•There were no apparent limitations or complications	
	64	ERCP		•Tellezavila Felix			IV general anesthesia	•Choledocholithiasis					•There were no apparent limitations or complications	
F	40	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	20	ERCP		•Inamdar Sumant			IV general anesthesia	•Migrated impacted stent •Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	59	ERCP		•Inamdar Sumant			IV general anesthesia	•5-6cm involving at least 60-70% of circumference and starting from ampulla. For attempted ampullectomy. Patient refused Whipple in the past.	•Cefazolin2 gm				•There were no apparent limitations or complications	

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M	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin3 gm				•There were no apparent limitations or complications	
M	67	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated live tests s/p live transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	77	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	80	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture •Ampullary cancer	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	60	ERCP		•Tellezavila Felix			IV general anesthesia	•cholangitis					•There were no apparent limitations or complications	
F	76	ERCP		•Inamdar Sumant			IV general anesthesia	•Cholangitis •Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	59	ERCP		•Inamdar Sumant			IV general anesthesia	•Papillary stenosis •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	46	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge, gallstone pancreatitis •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
	75	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes history of liver transplant	•Cefazolin3 gm				•There were no apparent limitations or complications	
F	44	ERCP		•Tellezavila Felix			IV general anesthesia	•choledocholithiasis					•There were no apparent limitations or complications	
F	63	ERCP		•Tellezavila Felix			MAC							
M	71	ERCP		•Inamdar Sumant			IV general anesthesia	•Dilated bile duct •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	62	ERCP		•Inamdar Sumant			IV general anesthesia	•Suspected bile leak	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	63	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive hyperbilirubinemia •Liver transplant status					•There were no apparent limitations or complications	
F	55	ERCP		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	62	ERCP		•Tellezavila Felix			IV general anesthesia	•Suspected bile leak					•There were no apparent limitations or complications	
F	64	ERCP		•Inamdar Sumant			IV general anesthesia	•Cholangiocarcinoma	•Cefazolin3 gm				•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	79	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	34	ERCP		•Inamdar Sumant			IV general anesthesia	•Recurrent acute pancreatitis with pancreatic divisum	•Indomethacin100 mg •Levaquin500 mg				•There were no apparent limitations or complications	
F	26	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant for PSC with worsening liver tests	•Cefazolin2 gm				•There were no apparent limitations or complications	
	57	ERCP		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test and cholangitis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	36	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis with biliary obstruction •Abdominal pain	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	73	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	54	ERCP		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis with papillary stenosis with h/o gastric bypass here EUS / ERCP s/p staged EDGE procedure	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	71	ERCP		•Anastasiou Ioannis			MAC	•Mass of pancreas •Bile obstruction					•There were no apparent limitations or complications	
M	52	ERCP		•Tellezavila Felix			IV general anesthesia	•Abdominal pain, h/o recurrent pancreatitis, h/o Etoh use, abnormal CT with duodenal thickening					•There were no apparent limitations or complications	
M	36	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative •Post DCD OLT	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	38	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	77	ERCP		•Tellezavila Felix			IV general anesthesia	•choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	77	ERCP		•Tellezavila Felix			IV general anesthesia	•1.5cm biliary stone for decompression, post CCY					•There were no apparent limitations or complications	
F	59	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes level •Biliary stent extraction •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	59	ERCP		•Anastasiou Ioannis			MAC	•Mass of pancreas		•Additional Finding			•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	33	ERCP		•Anastasiou Ioannis			MAC	•Choledocholithiasis					•There were no apparent limitations or complications	
M	83	ERCP		•Anastasiou Ioannis			MAC	•Mass of ampulla of Vater		•Additional Finding			•There were no apparent limitations or complications	
F	55	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatitis, chronic	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	68	ERCP		•Tellezavila Felix			IV general anesthesia	•Choledocholithiasis					•There were no apparent limitations or complications	
F	58	ERCP		•Tellezavila Felix			IV general anesthesia	•Chronic pancreatitis, Dilated CBD and PD, previous ERCP, Recurrent episodes of pancreatitis, h/o PUD		•Previous Intervention •Abnormal mucosa			•There were no apparent limitations or complications	
	61	ERCP		•Inamdar Sumant			IV general anesthesia	•OLT, suspected biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	88	ERCP		•Tellezavila Felix			IV general anesthesia	•biliary stricture		•Stricture (middle third of the common bile duct)			•There were no apparent limitations or complications	
F	26	ERCP		•Tellezavila Felix			IV general anesthesia	•biliary leak	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	54	ERCP		•Tellezavila Felix			IV general anesthesia	•cholangiopathy associated to IgG4					•There were no apparent limitations or complications	
M	53	ERCP		•Anastasiou Ioannis			MAC	•Jaundice •Pancreatitis, chronic		•Additional Finding			•There were no apparent limitations or complications	
F	71	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	62	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak s/p liver transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	74	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	84	ERCP		•Inamdar Sumant			IV general anesthesia	•Ampullary adenoma					•There were no apparent limitations or complications	
F	41	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes level •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	80	ERCP		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Choledocholithiasis with obstruction	•Cefazolin2 gm				•There were no apparent limitations or complications	

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F	36	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin3 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
M	83	ERCP		•Anastasiou Ioannis			MAC	•Abdominal pain •Mass of ampulla of Vater		•Additional Finding			•There were no apparent limitations or complications	
M	55	ERCP		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis •Elevated liver function tests	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	44	ERCP		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	28	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture •Abdominal pain	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	50	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	76	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice •Abdominal pain •Mass of pancreas	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	52	ERCP		•Inamdar Sumant			IV general anesthesia	•Duodenal papillary stenosis •Dilated bile duct •Abdominal pain	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	74	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	56	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Cyst of pancreas	•Levaquin500 mg				•There were no apparent limitations or complications	
F	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Adult hypertrophic pyloric stenosis •Abdominal pain •Pancreatitis, chronic					•There were no apparent limitations or complications	
M	53	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	71	ERCP		•Inamdar Sumant			IV general anesthesia	•Chronic biliary pancreatitis •Abdominal pain					•There were no apparent limitations or complications	
	74	ERCP		•Anastasiou Ioannis			MAC							
F	29	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Dilation of biliary tract	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	82	ERCP		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas •Obstructive jaundice	•Cefazolin2 gm				•There were no apparent limitations or complications	

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M	44	ERCP		•Tellezavila Felix			MAC	•Chronic pancreatitis, H/o biliary stents, abdominal pain, cholestatic LFT, NI CA 199						
F	72	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas					•There were no apparent limitations or complications	
F	86	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain					•There were no apparent limitations or complications	
M	43	ERCP		•Anastasiou Ioannis •Inamdar Sumant			MAC	•Abdominal pain •Pancreas divisum •Suspected chronic pancreatitis •Other specified diseases of pancreas		•Additional Finding			•There were no apparent limitations or complications	
M	44	ERCP		•Anastasiou Ioannis			MAC	•Chronic pancreatitis, H/o biliary stents, abdominal pain, cholestatic LFT, NI CA 199		•Additional Finding			•There were no apparent limitations or complications	
	60	ERCP		•Anastasiou Ioannis			MAC	•Liver transplant status		•Additional Finding			•There were no apparent limitations or complications	
M	61	ERCP		•Anastasiou Ioannis			MAC	•Large biliary stones for attempted extraction		•Additional Finding			•There were no apparent limitations or complications	
M	83	ERCP		•Tellezavila Felix			IV general anesthesia	•Obstructive jaundice	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	44	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice due to cancer	•Cefazolin2 gm				•There were no apparent limitations or complications	
	69	ERCP		•Inamdar Sumant			IV general anesthesia	•Removal of biliary stent placed during transplant					•There were no apparent limitations or complications	
M	70	ERCP		•Inamdar Sumant			MAC	•Gastric bypass with biliary stricture, suspicious for malignancy, here for EDGE procedure					•There were no apparent limitations or complications	
M	44	ERCP		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	76	ERCP		•Inamdar Sumant			IV general anesthesia	•Ampullary polyp					•There were no apparent limitations or complications	
	65	ERCP		•Inamdar Sumant			IV general anesthesia	•Post transplant for HCC - suspected bile leak	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	50	ERCP		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis	•Cefazolin2 gm				•There were no apparent limitations or complications	

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	69	ERCP		•Inamdar Sumant			IV general anesthesia	•Migrated biliary stent post liver transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	73	ERCP		•Inamdar Sumant			IV general anesthesia	•biliary stent dysfunction	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	74	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	83	ERCP		•Tellezavila Felix			IV general anesthesia	•Obstructive jaundice	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	43	ERCP		•Anastasiou Ioannis			MAC	•Biliary sludge		•Additional Finding			•There were no apparent limitations or complications	
F	62	ERCP		•Anastasiou Ioannis			MAC	•Abnormal finding on imaging		•Additional Finding			•There were no apparent limitations or complications	
F	70	ERCP		•Anastasiou Ioannis			MAC	•Pancreatitis, chronic		•Additional Finding			•There were no apparent limitations or complications	
M	55	ERCP		•Tellezavila Felix			IV general anesthesia	•chronic pancreatitis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	63	ERCP		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	29	ERCP		•Tellezavila Felix			IV general anesthesia	•Ampullary adenoma post ampullectomy surveillance		•Previous Intervention			•There were no apparent limitations or complications	
F	35	ERCP		•Tellezavila Felix			MAC	•Mixed LFT, abdominal pain, ? cholangitis, Gallstones, Dilated CBD, ? Choledocholithiasis					•There were no apparent limitations or complications	
F	59	ERCP		•Tellezavila Felix			IV general anesthesia	•Other specified diseases of biliary tract		•Previous Intervention			•There were no apparent limitations or complications	
F	58	ERCP		•Anastasiou Ioannis			MAC	•Liver transplanted		•Additional Finding			•There were no apparent limitations or complications	
F	23	ERCP		•Anastasiou Ioannis •Inamdar Sumant			MAC	•Biliary atresia •Jaundice •Liver transplant recipient		•Normal mucosa (whole stomach) •Normal mucosa (whole esophagus) •Additional Finding			•There were no apparent limitations or complications	
F	76	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas					•There were no apparent limitations or complications	
M	31	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain •Recurrent pancreatitis					•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	36	ERCP		•Inamdar Sumant			IV general anesthesia	•Mirrizi's syndrome	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
M	59	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant with elevation of liver tests	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	32	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak •Abdominal pain					•There were no apparent limitations or complications	
M	56	ERCP		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function tests •Biliary sludge •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	26	ERCP		•Inamdar Sumant			IV general anesthesia	•Worsening LFT ? blocked Stent					•There were no apparent limitations or complications	
F	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	18	ERCP		•Tellezavila Felix			IV general anesthesia	•cbd STONES					•There were no apparent limitations or complications	
F	51	ERCP		•Tellezavila Felix			IV general anesthesia	•obstructive jaundice	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	47	ERCP		•Anastasiou Ioannis			MAC	•Other diseases of stomach and duodenum •Bile leak, post operative		•Additional Finding			•There were no apparent limitations or complications	
	71	ERCP		•Anastasiou Ioannis			MAC	•OLT, suspected anastomotic stricture, abdominal pain, obstructive jaundice.		•Additional Finding			•There were no apparent limitations or complications	
F	45	ERCP		•Anastasiou Ioannis			MAC	•Biliary obstruction		•Additional Finding			•There were no apparent limitations or complications	
F	65	ERCP		•Inamdar Sumant			IV general anesthesia	•History of liver transplant, recent pancreatitis, Cholestatic LFT, MRI - ? stricture / mismatch, abdominal pain better. History of choking episodes? Achalasia on CT	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	37	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
M	70	ERCP		•Inamdar Sumant			IV general anesthesia	•Gastric bypass with biliary stricture, suspicious for malignancy, here s/p EDGE procedure	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	57	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge •Abdominal pain					•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	70	ERCP		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas •Obstructive jaundice due to cancer	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	72	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Papillary stenosis •Biliary sludge	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	41	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes level •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	68	ERCP		•Tellezavila Felix			IV general anesthesia	•Metastectomy for CRC, bile leak post procedure, for attempted biliary stenting					•There were no apparent limitations or complications	
M	78	ERCP		•Tellezavila Felix			IV general anesthesia	•Cholelithiasis					•There were no apparent limitations or complications	
F	39	ERCP		•Anastasiou Ioannis •Inamdar Sumant			MAC	•Cholelithiasis	•Indomethacin100 mg	•Additional Finding			•There were no apparent limitations or complications	
F	61	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas					•There were no apparent limitations or complications	
M	43	ERCP		•Inamdar Sumant			IV general anesthesia	•Pseudocyst, pancreatic	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	72	ERCP		•Inamdar Sumant			IV general anesthesia	•Pancreatic duct calculus •Pancreatitis, chronic •Abdominal pain	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
M	62	ERCP		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	45	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary obstruction •Failed ERCP at OSH •Cholelithiasis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
M	43	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver tests	•Cefazolin2 gm				•There were no apparent limitations or complications	
	61	ERCP		•Inamdar Sumant			IV general anesthesia	•OLT, suspected biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	59	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant with elevation of liver tests	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	53	ERCP		•Tellezavila Felix			IV general anesthesia	•Pancreatitis, chronic					•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	66	ERCP		•Tellezavila Felix			IV general anesthesia	•OLT, Anastomotic stricture, previous PTC and Biliary stents, Lt lobe atrophic, ? rt lobe stentable	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	36	ERCP		•Anastasiou Ioannis			MAC	•Abdominal pain •Choledocholithiasis		•Additional Finding			•There were no apparent limitations or complications	
	65	ERCP		•Anastasiou Ioannis			MAC	•Liver transplanted		•Additional Finding			•There were no apparent limitations or complications	
F	34	ERCP		•Anastasiou Ioannis			MAC	•Abdominal pain •Bile leak, post operative		•Additional Finding			•There were no apparent limitations or complications	
M	53	ERCP		•Anastasiou Ioannis			MAC	•Liver replaced by transplant		•Additional Finding			•There were no apparent limitations or complications	
M	74	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas					•There were no apparent limitations or complications	
F	29	ERCP		•Tellezavila Felix			IV general anesthesia	•giant stone in biliary tract	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	53	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant recipient •Elevated liver function tests	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	78	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	49	ERCP		•Inamdar Sumant			IV general anesthesia	•Recurrent acute pancreatitis •Pancreatic divisum	•Indomethacin100 mg				•There were no apparent limitations or complications	
F	22	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
	42	ERCP		•Inamdar Sumant			IV general anesthesia	•OLT for NASH Cirrhosis 5/21, suspected bile leak for attempted ERCP	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	73	ERCP		•Tellezavila Felix			IV general anesthesia	•Cholangitis					•There were no apparent limitations or complications	
M	73	ERCP		•Tellezavila Felix			IV general anesthesia	•Obstructive Jaundice	•Indomethacin100 mg	•Stricture (lower third of the common bile duct and middle third of the common bile duct)			•There were no apparent limitations or complications	
F	79	ERCP		•Tellezavila Felix			IV general anesthesia	•Giant stone + failed ERCP X2					•There were no apparent limitations or complications	
M	31	ERCP		•Tellezavila Felix			IV general anesthesia	•Biliary stricture •Pancreatitis, chronic					•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	43	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	51	ERCP		•Tellezavila Felix			IV general anesthesia	•cholangioca + cholangitis					•There were no apparent limitations or complications	
M	67	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver function tests •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	52	ERCP		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	69	ERCP		•Inamdar Sumant			IV general anesthesia	•Cholecysto-cutaneous fistula	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	62	ERCP		•Tellezavila Felix			IV general anesthesia	•Obstructive jaundice		•Stricture (middle third of the common bile duct)			•There were no apparent limitations or complications	
F	75	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•Previous Intervention •Limited exam of the duodenum was normal			•There were no apparent limitations or complications	
M	62	ERCP		•Anastasiou Ioannis			MAC	•Abdominal pain •Bile leak s/p liver transplant		•Additional Finding			•There were no apparent limitations or complications	
F	56	ERCP		•Anastasiou Ioannis			MAC	•Biliary obstruction	•Indomethacin100 mg	•Additional Finding			•There were no apparent limitations or complications	
F	54	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary dilation •Pancreatic stent removal	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	38	ERCP		•Inamdar Sumant			IV general anesthesia	•Pancreatic duct stricture •Choledocholithiasis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	92	ERCP		•Inamdar Sumant			IV general anesthesia	•Cholangitis					•There were no apparent limitations or complications	
M	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Cyst of pancreas •Pancreatic collection •Chronic pancreatitis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
M	37	ERCP		•Inamdar Sumant			IV general anesthesia	•Cyst of pancreas					•There were no apparent limitations or complications	
F	46	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Suspected biliary sludge •Abnormal liver function tests	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	38	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge					•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	63	ERCP		•Anastasiou Ioannis			MAC	•Non-alcoholic cirrhosis		•Additional Finding			•There were no apparent limitations or complications	
F	70	ERCP		•Anastasiou Ioannis			MAC	•Pancreatitis, chronic •Generalized abdominal pain		•Additional Finding			•There were no apparent limitations or complications	
F	82	ERCP		•Anastasiou Ioannis			MAC	•Choledocholithiasis •Right upper quadrant abdominal pain		•Additional Finding			•There were no apparent limitations or complications	
M	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstruction of bile duct	•Cefazolin2 gm				•There were no apparent limitations or complications	
	56	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver function tests •Abdominal pain					•There were no apparent limitations or complications	
F	74	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
	49	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abnormal liver function test	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	79	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	89	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice •Pancreatic mass					•There were no apparent limitations or complications	
M	61	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	77	ERCP		•Anastasiou Ioannis			MAC	•Choledocholithiasis		•Additional Finding			•There were no apparent limitations or complications	
	57	ERCP		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test	•Daptomycin700 mg				•There were no apparent limitations or complications	
	66	ERCP		•Tellezavila Felix			IV general anesthesia	•Prob. Ampulloma		•Normal			•There were no apparent limitations or complications	
M	71	ERCP		•Anastasiou Ioannis			MAC	•Pancreatitis, acute •Abdominal pain •Bile obstruction		•Additional Finding			•There were no apparent limitations or complications	
F	82	ERCP		•Anastasiou Ioannis			MAC	•Choledocholithiasis •Gastrointestinal hemorrhage		•Additional Finding			•There were no apparent limitations or complications	
F	73	ERCP		•Anastasiou Ioannis			MAC	•Biliary obstruction •Abdominal pain		•Additional Finding			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
	49	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abnormal liver function test •GI Bleed	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	88	ERCP		•Tellezavila Felix			IV general anesthesia	•Cholangiocarcinoma					•There were no apparent limitations or complications	
F	88	ERCP		•Tellezavila Felix			IV general anesthesia	•obstructive jaundice					•There were no apparent limitations or complications	
F	59	ERCP		•Inamdar Sumant			IV general anesthesia	•5-6cm involving at least 60-70% of circumference and starting from ampulla. For attempted ampullectomy. Patient refused Whipple in the past.	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	52	ERCP		•Inamdar Sumant			IV general anesthesia	•Dilated bile duct •Abdominal pain					•There were no apparent limitations or complications	
F	36	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis					•There were no apparent limitations or complications	
M	55	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative	•Cefazolin2 gm				•There were no apparent limitations or complications	
	60	ERCP		•Inamdar Sumant			MAC	•Liver transplant recipient •Bile leak, post operative					•There were no apparent limitations or complications	
M	66	ERCP		•Tellezavila Felix			MAC							
M	66	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas					•There were no apparent limitations or complications	
M	47	ERCP		•Tellezavila Felix			IV general anesthesia	•stent removal					•There were no apparent limitations or complications	
F	32	ERCP		•Anastasiou Ioannis			MAC	•Choledocholithiasis		•Additional Finding			•There were no apparent limitations or complications	
F	50	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	58	ERCP		•Inamdar Sumant			IV general anesthesia	•Pancreatic duct obstruction •Abdominal pain •Pancreatitis, chronic •Pancreatic duct calculus	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
M	42	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture •Abdominal pain •Pancreatitis, chronic	•Cefazolin2 gm				•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	41	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes level •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	44	ERCP		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	40	ERCP		•Inamdar Sumant			IV general anesthesia	•PSC with worsening LFT ? dominant stricture					•There were no apparent limitations or complications	
F	37	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests s/p liver transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	79	ERCP		•Inamdar Sumant			IV general anesthesia	•Cholangitis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	64	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	66	ERCP		•Anastasiou Ioannis			MAC	•Abdominal pain •Abnormal finding on imaging •Dilated cbd, acquired •Elevated LFTs		•Additional Finding			•There were no apparent limitations or complications	
M	60	ERCP		•Anastasiou Ioannis			MAC	•Choledocholithiasis with biliary obstruction		•Additional Finding			•There were no apparent limitations or complications	
F	31	ERCP		•Anastasiou Ioannis			MAC	•Abdominal pain •Bile duct obstruction		•Impacted Stone			•There were no apparent limitations or complications	
	54	ERCP		•Anastasiou Ioannis			MAC	•Elevated LFTs •Dilated cbd, acquired •Abdominal pain	•Indomethacin100 mg	•Additional Finding			•There were no apparent limitations or complications	
	74	ERCP		•Anastasiou Ioannis			MAC	•? stone in distal bile duct		•Additional Finding			•There were no apparent limitations or complications	
F	83	ERCP		•Inamdar Sumant			IV general anesthesia	•Suspected cholangitis					•There were no apparent limitations or complications	
F	62	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
	67	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	64	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abnormal liver function test	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	35	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	

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Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	59	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes level •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	64	ERCP		•Inamdar Sumant			IV general anesthesia	•Suspected ampullary / pancreatic mass with dilated ducts	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis					•There were no apparent limitations or complications	
M	67	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated live tests s/p live transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	51	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas	•Cefazolin2 gm	•Obstruction			•There were no apparent limitations or complications	
F	75	ERCP		•Tellezavila Felix			IV general anesthesia	•biliary stones •Prominent major papilla		•Normal			•There were no apparent limitations or complications	
F	57	ERCP		•Anastasiou Ioannis			MAC	•Abdominal pain •Dilated pancreatic duct		•Additional Finding			•There were no apparent limitations or complications	
F	25	ERCP		•Tellezavila Felix			IV general anesthesia	•Gallstone pancreatitis					•There were no apparent limitations or complications	
M	72	ERCP		•Tellezavila Felix			MAC	•Recurrent acute pancreatitis						
	75	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes history of liver transplant •Bile leak, post operative	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	59	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant with elevation of liver tests	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	43	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	54	ERCP		•Inamdar Sumant			MAC	•Pancreatitis, chronic					•There were no apparent limitations or complications	
M	52	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	57	ERCP		•Inamdar Sumant			MAC	•Cyst of pancreas					•There were no apparent limitations or complications	
F	38	ERCP		•Inamdar Sumant			IV general anesthesia	•Carolis disease •Abnormal findings on diagnostic imaging of liver and biliary	•Cefazolin3 gm				•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	50	ERCP		•Tellezavila Felix			IV general anesthesia	•Bile leak, post operative					•There were no apparent limitations or complications	
F	49	ERCP		•Tellezavila Felix			IV general anesthesia	•biliary leak					•There were no apparent limitations or complications	
M	82	ERCP		•Tellezavila Felix			IV general anesthesia	•choledocholithiasis	•Cefazolin2 gm	•Previous Intervention			•There were no apparent limitations or complications	
F	42	ERCP		•Anastasiou Ioannis			MAC	•Duodenal papillary stenosis •Dilated cbd, acquired	•Indomethacin100 mg	•Additional Finding			•There were no apparent limitations or complications	
F	45	ERCP		•Anastasiou Ioannis			MAC	•Bile obstruction •Common bile duct obstruction	•Indomethacin100 mg	•Additional Finding			•There were no apparent limitations or complications	
F	53	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas					•There were no apparent limitations or complications	
	52	ERCP		•Tellezavila Felix			IV general anesthesia	•obstructive jaundice	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	80	ERCP		•Tellezavila Felix			IV general anesthesia	•Choledocholithiasis					•There were no apparent limitations or complications	
F	29	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Dilation of biliary tract •Biliary sludge	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	66	ERCP		•Inamdar Sumant			IV general anesthesia	•PSC s/p liver transplant •Bile leak	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	43	ERCP		•Inamdar Sumant			IV general anesthesia	•Suspected chronic pancreatitis •Abdominal pain •Pancreas divisum					•There were no apparent limitations or complications	
	63	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	58	ERCP		•Tellezavila Felix			IV general anesthesia	•Obstructive Jaundice		•Previous Intervention			•There were no apparent limitations or complications	
F	58	ERCP		•Tellezavila Felix			MAC	•Abdominal pain, choledocholithiasis					•There were no apparent limitations or complications	
F	54	ERCP		•Anastasiou Ioannis •Inamdar Sumant			MAC	•Abdominal pain •Abnormal findings on diagnostic imaging of other parts of di •Pancreatitis, chronic •Biliary obstruction	•Indomethacin100 mg	•Additional Finding			•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	36	ERCP		•Anastasiou Ioannis			MAC	•Biliary stricture •Post DCD OLT •Bile leak, post operative		•Additional Finding			•There were no apparent limitations or complications	
F	32	ERCP		•Tellezavila Felix			IV general anesthesia	•Ampullary adenoma		•Previous Intervention			•There were no apparent limitations or complications	
M	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Suspected cholangiocarcinoma	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
M	44	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice due to cancer	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	40	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Recurrent pancreatitis					•There were no apparent limitations or complications	
F	76	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice •Mass of pancreas	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	81	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary sludge					•There were no apparent limitations or complications	
F	83	ERCP		•Inamdar Sumant			IV general anesthesia	•Suspected cholangitis •Esophageal obstruction	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	29	ERCP		•Tellezavila Felix			MAC	•Ampullary adenoma post ampullectomy surveillance		•Previous Intervention •Previous Intervention			•There were no apparent limitations or complications	
M	64	ERCP		•Tellezavila Felix			IV general anesthesia	•Pancreatic leak					•There were no apparent limitations or complications	
M	39	ERCP		•Anastasiou Ioannis			MAC	•Polyp of duodenum •Other specified diseases of biliary tract	•Indomethacin100 mg	•Additional Finding			•There were no apparent limitations or complications	
F	72	ERCP		•Anastasiou Ioannis			MAC	•Abdominal pain •Mass of pancreas		•Additional Finding			•There were no apparent limitations or complications	
F	53	ERCP		•Tellezavila Felix			IV general anesthesia	•LFTs					•There were no apparent limitations or complications	
	79	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Choledocholithiasis •Biliary sludge	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	73	ERCP		•Inamdar Sumant			IV general anesthesia	•biliary stent dysfunction	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	41	ERCP		•Inamdar Sumant			IV general anesthesia	•Chronic pancreatitis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	63	ERCP		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	41	ERCP		•Inamdar Sumant			IV general anesthesia	•Cholangitis •Gallstone pancreatitis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	55	ERCP		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis •Abdominal pain					•There were no apparent limitations or complications	
M	35	ERCP		•Tellezavila Felix			IV anesthesia	•Choledocholithiasis					•There were no apparent limitations or complications	
M	70	ERCP		•Anastasiou Ioannis			MAC	•Other specified diseases of pancreas •Hx of cholangitis •Abdominal pain		•Additional Finding			•There were no apparent limitations or complications	
	52	ERCP		•Anastasiou Ioannis			MAC	•Mixed LFT, suspectd CHD stricture, ? PSC, HIV cholangiopathy - more likely PSC. Attempted selective cannulation of intrahepatics •Primary sclerosing cholangitis		•Additional Finding			•There were no apparent limitations or complications	
F	77	ERCP		•Tellezavila Felix			IV anesthesia	•choledocholithiasis					•There were no apparent limitations or complications	
F	58	ERCP		•Tellezavila Felix			IV general anesthesia	•Biliary stricture 2/2 chronic pancreatitis					•There were no apparent limitations or complications	
F	86	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Choledocholithiasis					•There were no apparent limitations or complications	
F	82	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	64	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abnormal liver function test	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	84	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Porta hepatis mass					•There were no apparent limitations or complications	
M	82	ERCP		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice •Mass of pancreas	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	38	ERCP		•Inamdar Sumant			IV general anesthesia	•Previously recommended total pancreatectomy and islet cell transplantation •Abdominal pain •Pancreatic duct stricture					•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	53	ERCP		•Anastasiou Ioannis			MAC	•Abnormal findings on diagnostic imaging of other parts of di •Chronic pancreatitis •Calculus of pancreatic duct		•Additional Finding			•There were no apparent limitations or complications	
M	63	ERCP		•Anastasiou Ioannis			MAC	•Abdominal pain •Elevated LFTs		•Additional Finding			•There were no apparent limitations or complications	
F	75	ERCP		•Anastasiou Ioannis			MAC	•Mass of pancreas •Biliary obstruction		•Additional Finding			•There were no apparent limitations or complications	
M	62	ERCP		•Anastasiou Ioannis			MAC	•Biliary stricture •Elevated LFTs		•Additional Finding			•There were no apparent limitations or complications	
F	46	ERCP		•Tellezavila Felix			IV general anesthesia	•biliary stricture					•There were no apparent limitations or complications	
F	38	ERCP		•Anastasiou Ioannis			MAC	•Cholangitis		•Additional Finding			•There were no apparent limitations or complications	
M	24	ERCP		•Anastasiou Ioannis			MAC	•Biliary obstruction •RUQ pain •Choledocholithiasis	•Indomethacin100 mg	•Additional Finding			•There were no apparent limitations or complications	
F	26	ERCP		•Anastasiou Ioannis			MAC	•RUQ pain •Dilated bile duct •Elevated LFTs	•Indomethacin100 mg	•Additional Finding			•There were no apparent limitations or complications	
F	68	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas		•Normal			•There were no apparent limitations or complications	
M	80	ERCP		•Tellezavila Felix			MAC	•Mass of pancreas					•There were no apparent limitations or complications	
F	30	ERCP		•Anastasiou Ioannis			MAC	•Elevated LFTs •Abdominal pain •Choledocholithiasis		•Additional Finding			•There were no apparent limitations or complications	
F	56	ERCP		•Anastasiou Ioannis			MAC	•Biliary obstruction •Abnormal finding on imaging •Pancreatitis, chronic		•Additional Finding			•There were no apparent limitations or complications	
F	65	ERCP		•Inamdar Sumant			IV general anesthesia	•History of liver transplant, recent pancreatitis, Cholestatic LFT, MRI - ? stricture / mismatch, abdominal pain better	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	84	ERCP		•Inamdar Sumant			IV general anesthesia	•Porta hepatis mass •Abdominal pain					•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	67	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abdominal pain •Elevated liver function tests	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	61	ERCP		•Tellezavila Felix			IV general anesthesia	•Biliary stricture	•Indomethacin100 mg	•Normal			•There were no apparent limitations or complications	
M	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Cholangitis •Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	72	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	31	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
	61	ERCP		•Inamdar Sumant			IV general anesthesia	•OLT, suspected biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	66	ERCP		•Tellezavila Felix			IV general anesthesia	•Inpatient for obstructive jaundice, with suspected proximal biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
	71	ERCP		•Anastasiou Ioannis			MAC	•OLT, suspected anastomotic stricture, abdominal pain, obstructive jaundice.		•Additional Finding			•There were no apparent limitations or complications	
F	57	ERCP		•Anastasiou Ioannis			MAC	•Pancreatitis, chronic •Abdominal pain		•Additional Finding			•There were no apparent limitations or complications	
F	82	ERCP		•Anastasiou Ioannis			MAC	•Other diseases of stomach and duodenum •Choledocholithiasis •Right upper quadrant abdominal pain		•Additional Finding			•There were no apparent limitations or complications	
F	46	ERCP		•Tellezavila Felix			IV general anesthesia	•Abdominal pain					•There were no apparent limitations or complications	
F	18	ERCP		•Inamdar Sumant			IV general anesthesia	•Gallstone pancreatitis •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	72	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	66	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	68	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant with suspected leak	•Cefazolin2 gm				•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	53	ERCP		•Tellezavila Felix			IV general anesthesia	•biliary stricture (post anastomotic)					•There were no apparent limitations or complications	
M	68	ERCP		•Tellezavila Felix			IV general anesthesia	•choledocholithiasis					•There were no apparent limitations or complications	
M	46	ERCP		•Tellezavila Felix			IV general anesthesia	•Cyst of pancreas					•There were no apparent limitations or complications	
F	47	ERCP		•Anastasiou Ioannis			MAC	•Bile leak, post operative •Abdominal pain		•Additional Finding			•There were no apparent limitations or complications	
F	87	ERCP		•Anastasiou Ioannis			MAC	•Choledocholithiasis		•Additional Finding			•There were no apparent limitations or complications	
F	70	ERCP		•Anastasiou Ioannis			MAC	•Pancreatitis, chronic •Other specified diseases of pancreas		•Additional Finding			•There were no apparent limitations or complications	
M	61	ERCP		•Anastasiou Ioannis			MAC	•Elevated liver tests s/p liver transplant •Other specified diseases of biliary tract		•Additional Finding			•There were no apparent limitations or complications	
F	49	ERCP		•Anastasiou Ioannis			MAC	•Choledocholithiasis		•Additional Finding			•There were no apparent limitations or complications	
M	49	ERCP		•Anastasiou Ioannis			MAC	•Primary sclerosing cholangitis		•Additional Finding			•There were no apparent limitations or complications	
M	69	ERCP		•Anastasiou Ioannis			MAC	•Post OLT stricture		•Additional Finding			•There were no apparent limitations or complications	
F	67	ERCP		•Tellezavila Felix			IV general anesthesia	•Abdominal pain		•Diverticulum (area adjacent to the papilla)			•There were no apparent limitations or complications	
	57	ERCP		•Anastasiou Ioannis			MAC	•DCD liver transplant with worsening liver test		•Additional Finding			•There were no apparent limitations or complications	
F	75	ERCP		•Anastasiou Ioannis			MAC	•Mass of pancreas		•Additional Finding			•There were no apparent limitations or complications	
	68	ERCP		•Tellezavila Felix			IV general anesthesia	•Biliary leak					•There were no apparent limitations or complications	
M	47	ERCP		•Anastasiou Ioannis			MAC	•Choledocholithiasis		•Additional Finding			•There were no apparent limitations or complications	
F	93	ERCP		•Tellezavila Felix			IV general anesthesia	•choledocholithiasis	•Indomethacin100 mg				•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	64	ERCP		•Inamdar Sumant			IV general anesthesia	•Abnormal liver function test •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	61	ERCP		•Inamdar Sumant			IV general anesthesia	•Ampulla of Vater mass	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	36	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain					•There were no apparent limitations or complications	
F	67	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	62	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Weight loss	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	85	ERCP		•Tellezavila Felix			IV general anesthesia	•Cholangitis					•There were no apparent limitations or complications	
F	54	ERCP		•Anastasiou Ioannis			MAC	•Pseudocyst of pancreas •Abnormal findings on diagnostic imaging of other parts of di •Gastric bypass status for obesity •Pancreatitis, chronic		•Additional Finding			•There were no apparent limitations or complications	
F	48	ERCP		•Anastasiou Ioannis			MAC	•Common bile duct (CBD) stricture		•Additional Finding			•There were no apparent limitations or complications	
F	76	ERCP		•Tellezavila Felix			IV general anesthesia	•Double duct sign		•Mass (25 mm)			•There were no apparent limitations or complications	
F	35	ERCP		•Tellezavila Felix			IV general anesthesia	•Choledocholithiasis		•Previous Intervention			•There were no apparent limitations or complications	
F	41	ERCP		•Inamdar Sumant			IV general anesthesia	•Cholangitis •Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	81	ERCP		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	69	ERCP		•Inamdar Sumant			MAC							
M	69	ERCP		•Inamdar Sumant			IV general anesthesia	•Cholecysto-cutaneous fistula	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	51	ERCP		•Inamdar Sumant			IV general anesthesia	•Duodenal papillary stenosis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	63	ERCP		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas					•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	60	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Obstruction of bile duct	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	53	ERCP		•Tellezavila Felix			IV general anesthesia	•obstructive jaundice		•Stricture (bifurcation of the main biliary duct and common hepatic duct)			•There were no apparent limitations or complications	
	49	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Abnormal liver function test	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	43	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver tests •DCD liver •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	64	ERCP		•Tellezavila Felix			IV general anesthesia	•Chronic pancreatitis	•Indomethacin100 mg				•There were no apparent limitations or complications	
M	52	ERCP		•Tellezavila Felix			IV general anesthesia	•choledocholithiasis		•Stricture (lower third of the common bile duct)			•There were no apparent limitations or complications	
M	69	ERCP		•Anastasiou Ioannis •Inamdar Sumant			MAC	•Post OLT stricture •Biliary anastomotic stricture		•Additional Finding			•There were no apparent limitations or complications	
F	68	ERCP		•Tellezavila Felix			IV general anesthesia	•Pancreatic mass					•There were no apparent limitations or complications	
M	81	ERCP		•Tellezavila Felix			IV general anesthesia	•Obstructive Jaundice		•Stricture (bifurcation of the main biliary duct)			•There were no apparent limitations or complications	
M	61	ERCP		•Inamdar Sumant			IV general anesthesia	•DCD liver •Liver transplant status •Elevated liver function tests	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	68	ERCP		•Inamdar Sumant			IV general anesthesia	•Biliary obstruction •Suspected ampullary mass	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	44	ERCP		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Gallstone pancreatitis					•There were no apparent limitations or complications	
F	53	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant recipient •Other specified diseases of biliary tract					•There were no apparent limitations or complications	
F	41	ERCP		•Inamdar Sumant			IV general anesthesia	•Elevated liver enzymes level •Liver transplant status					•There were no apparent limitations or complications	
M	32	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	77	ERCP		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis					•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	75	ERCP		•Tellezavila Felix			MAC	•Double duct sign		•Normal			•There were no apparent limitations or complications	
F	69	ERCP		•Anastasiou Ioannis			MAC	•Biliary obstruction •Mass of head of pancreas		•Additional Finding			•There were no apparent limitations or complications	
F	72	ERCP		•Anastasiou Ioannis			MAC	•Dilation of biliary tract •Choledocholithiasis		•Additional Finding			•There were no apparent limitations or complications	
F	20	ERCP		•Anastasiou Ioannis			MAC	•Choledocholithiasis		•Additional Finding			•There were no apparent limitations or complications	
	68	ERCP		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Biliary leak	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	77	ERCP		•Tellezavila Felix			MAC	•Jaundice		•Normal			•There were no apparent limitations or complications	
F	49	ERCP		•Tellezavila Felix			IV general anesthesia	•biliary leak		•Normal			•There were no apparent limitations or complications	
F	51	ERCP		•Tellezavila Felix			IV general anesthesia	•biliary stricture		•Normal			•There were no apparent limitations or complications	
ERCP, With Stent Insertion														9
M	66	ERCP, With Stent Insertion		•Tellezavila Felix			IV general anesthesia	•biliary leak					•There were no apparent limitations or complications	
M	74	ERCP, With Stent Insertion		•Inamdar Sumant			IV general anesthesia	•Bile leak •Gastric outlet obstruction	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	54	ERCP, With Stent Insertion		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Biliary sticture					•There were no apparent limitations or complications	
M	29	ERCP, With Stent Insertion		•Tellezavila Felix			IV general anesthesia	•RFA to recurrence (adenoma in the ampulla)					•There were no apparent limitations or complications	
F	32	ERCP, With Stent Insertion		•Tellezavila Felix			IV general anesthesia	•Ampullary adenoma	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
	58	ERCP, With Stent Insertion		•Tellezavila Felix			IV general anesthesia	•postanastomotic stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	55	ERCP, With Stent Insertion		•Tellezavila Felix			IV general anesthesia	•chronic pancreatitis					•There were no apparent limitations or complications	
F	75	ERCP, With Stent Insertion		•Inamdar Sumant			IV general anesthesia	•Elevated liver function tests •Abdominal pain	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
F	65	ERCP, With Stent Insertion		•Inamdar Sumant			IV general anesthesia	•Recurrent acute pancreatitis •Biliary sludge	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
ERCP, With Stent Removal or Change														63
	57	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis	•Cefazolin2 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
F	77	ERCP, With Stent Removal or Change		•Tellezavila Felix			MAC							
M	58	ERCP, With Stent Removal or Change		•Tellezavila Felix			MAC	•Biliary leak					•There were no apparent limitations or complications	
M	36	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Bile leak, post operative					•There were no apparent limitations or complications	
F	59	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•5-6cm involving at least 60-70% of circumference and starting from ampulla. For attempted ampullectomy. Patient refused Whipple in the past.					•There were no apparent limitations or complications	
F	23	ERCP, With Stent Removal or Change		•Tellezavila Felix			MAC	•Choledocholithiasis					•There were no apparent limitations or complications	
	72	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Anastomotic biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	50	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Residual choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	62	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Mass of pancreas	•Cefazolin2 gm				•There were no apparent limitations or complications	
	42	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•OLT for NASH Cirrhosis 5/21, suspected bile leak for attempted ERCP	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	38	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis	•Cefazolin3 gm •Indomethacin100 mg				•There were no apparent limitations or complications	
M	63	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Pancreatic head mass, with double duct sign, obstructed LFT, LNE for evaluation and biliary decompression					•There were no apparent limitations or complications	
M	59	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Abdominal pain					•There were no apparent limitations or complications	
M	60	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Chronic pancreatitis	•Cefazolin2 gm				•There were no apparent limitations or complications	

Procedures Log

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F	40	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Other specified diseases of biliary tract					•There were no apparent limitations or complications	
M	36	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	43	ERCP, With Stent Removal or Change		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis •Patient here for EGDE closure •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
	58	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•postanastomotic stricture					•There were no apparent limitations or complications	
M	68	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•biliary stricture					•There were no apparent limitations or complications	
M	58	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •Elevated liver function tests	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	50	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Recurrent pancreatitis					•There were no apparent limitations or complications	
M	66	ERCP, With Stent Removal or Change		•Anastasiou Ioannis •Inamdar Sumant			IV general anesthesia	•Bile leak •PSC s/p liver transplant	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	68	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Biliary leak					•There were no apparent limitations or complications	
M	44	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Other specified diseases of pancreas						
F	54	ERCP, With Stent Removal or Change		•Tellezavila Felix			MAC							
M	58	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•biliary leak					•There were no apparent limitations or complications	
M	82	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•choledocholithiasis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	45	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Biliary obstruction					•There were no apparent limitations or complications	
M	59	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Liver transplant with elevation of liver tests	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	58	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Biliary leak	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	68	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Other specified diseases of pancreas	•Indomethacin100 mg				•There were no apparent limitations or complications	

Procedures Log

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M	60	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Stricture					•There were no apparent limitations or complications	
M	75	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•residual choledocholithiasis					•There were no apparent limitations or complications	
F	56	ERCP, With Stent Removal or Change		•Anastasiou Ioannis			MAC	•Biliary obstruction					•There were no apparent limitations or complications	
F	64	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Suspected fullness in the head of the pancreas •Biliary stricture	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	58	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Elevated liver function tests •Liver transplant status	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	86	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Mass of pancreas					•There were no apparent limitations or complications	
M	71	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Choledocholithiasis •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	53	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Pancreatitis, chronic					•There were no apparent limitations or complications	
F	50	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Bile leak, post operative	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	70	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Obstructive jaundice due to cancer •Mass of pancreas	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	42	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Ampullectomy for ampullary adenoma					•There were no apparent limitations or complications	
F	22	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Choledocholithiasis					•There were no apparent limitations or complications	
F	36	ERCP, With Stent Removal or Change		•Anastasiou Ioannis			MAC	•Choledocholithiasis					•There were no apparent limitations or complications	
F	56	ERCP, With Stent Removal or Change		•Anastasiou Ioannis			MAC							
M	73	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Biliary stricture					•There were no apparent limitations or complications	
F	59	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Choledocholithiasis					•There were no apparent limitations or complications	
M	78	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Pseudocyst, pancreatic •Pancreatitis, chronic	•Cefazolin2 gm				•There were no apparent limitations or complications	

Procedures Log

Gender	Age	Procedure Scheduled	Procedure Interrupted	Provider	Staff	Anesthesiologist	Anesthesia type	Indications	Administered Medications	Findings / Interventions	Other Interventions	Results	Complications	Total Time in Facility
M	73	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Obstruction of bile duct					•There were no apparent limitations or complications	
M	73	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Obstructive Jaundice					•There were no apparent limitations or complications	
F	67	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Duodenal papillary stenosis •Abdominal pain	•Cefazolin2 gm				•There were no apparent limitations or complications	
	57	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•DCD liver transplant with worsening liver test and cholangitis	•Cefazolin2 gm				•There were no apparent limitations or complications	
F	39	ERCP, With Stent Removal or Change		•Anastasiou Ioannis			MAC	•Right upper quadrant abdominal pain •Cholelithiasis •Other specified diseases of biliary tract					•There were no apparent limitations or complications	
F	67	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Lynch Syndrome •Biliary sludge					•There were no apparent limitations or complications	
M	78	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•distal biliary obstruction					•There were no apparent limitations or complications	
F	61	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Other specified diseases of biliary tract	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	46	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Pancreatitis, chronic	•Cefazolin2 gm				•There were no apparent limitations or complications	
	68	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•Pancreas divisum and recurrent acute pancreatitis					•There were no apparent limitations or complications	
F	62	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Abdominal pain •Pancreatic cyst	•Cefazolin2 gm				•There were no apparent limitations or complications	
	42	ERCP, With Stent Removal or Change		•Inamdar Sumant			IV general anesthesia	•Liver transplant status •OLT for NASH Cirrhosis 5/21, suspected bile leak for attempted ERCP	•Cefazolin3 gm				•There were no apparent limitations or complications	
F	75	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•biliary stones					•There were no apparent limitations or complications	
F	42	ERCP, With Stent Removal or Change		•Tellezavila Felix			MAC	•Ampullary adenoma for attempted ampullectomy - staged procedure					•There were no apparent limitations or complications	
F	88	ERCP, With Stent Removal or Change		•Tellezavila Felix			IV general anesthesia	•obstructive jaundice					•There were no apparent limitations or complications	

Procedures Log

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ERCP/Cholangioscopy w/ Laser Lithotripsy														4
F	29	ERCP/Cholangioscopy w/ Laser Lithotripsy		•Tellezavila Felix			IV general anesthesia	•giant stone in biliary tract	•Cefazolin2 gm	•Previous Intervention			•There were no apparent limitations or complications	
F	29	ERCP/Cholangioscopy w/ Laser Lithotripsy		•Tellezavila Felix			IV general anesthesia	•giant stone in biliary tract		•Previous Intervention •Additional Finding			•There were no apparent limitations or complications	
F	49	ERCP/Cholangioscopy w/ Laser Lithotripsy		•Tellezavila Felix			IV general anesthesia	•big CBD stones		•Additional Finding			•There were no apparent limitations or complications	
M	69	ERCP/Cholangioscopy w/ Laser Lithotripsy		•Tellezavila Felix			IV general anesthesia	•Chronic pancreatitis		•Abnormal mucosa (second part of the duodenum)			•There were no apparent limitations or complications	
EUS Guided Celiac Plexus Neurolysis														5
	55	EUS Guided Celiac Plexus Neurolysis		•Tellezavila Felix			MAC	•Other specified diseases of pancreas		•EUS Upper •EUS Upper (Common Bile duct)			•There were no apparent limitations or complications	
M	62	EUS Guided Celiac Plexus Neurolysis		•Tellezavila Felix			MAC	•Celiac plexus neurolysis	•Cefazolin2 gm	•EUS Upper •EUS Upper (body/neck of the pancreas)			•There were no apparent limitations or complications	
F	35	EUS Guided Celiac Plexus Neurolysis		•Tellezavila Felix			MAC	•Abdominal pain	•Cipro400 mg	•EUS Upper (the whole pancreas) •EUS Upper (whole pancreas)			•There were no apparent limitations or complications	
	72	EUS Guided Celiac Plexus Neurolysis		•Tellezavila Felix			MAC	•Chronic pancreatitis, previous good response to CPB	•Cefazolin2 gm	•EUS Upper (whole pancreas) •EUS Upper (the whole pancreas)			•There were no apparent limitations or complications	
	55	EUS Guided Celiac Plexus Neurolysis		•Tellezavila Felix			MAC	•Other specified diseases of pancreas	•Cefazolin2 gm	•EUS Upper (whole pancreas (pancreatectomy)) •EUS Upper (changes sec to total pancreatectomy)			•There were no apparent limitations or complications	
EUS Guided Cystgastrostomy														2
M	40	EUS Guided Cystgastrostomy		•Tellezavila Felix			MAC	•PPC		•EUS Upper •EUS Upper (body of the pancreas)			•There were no apparent limitations or complications	
F	41	EUS Guided Cystgastrostomy		•Anastasiou Ioannis			MAC	•Pancreatic necrosis		•EUS Upper			•There were no apparent limitations or complications	
EUS Lower														14
M	64	EUS Lower		•Inamdar Sumant			Moderate sedation	•Colon neuroendocrine tumor					•There were no apparent limitations or complications	
F	75	EUS Lower		•Inamdar Sumant			Moderate sedation	•Pelvic mass					•There were no apparent limitations or complications	
M	59	EUS Lower		•Inamdar Sumant			Moderate sedation	•Colon mass		•Polyp (rectum, 5 cm to 6 cm)			•There were no apparent limitations or complications	

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F	70	EUS Lower		•Tellezavila Felix			Moderate sedation	•fecal incontinence		•Additional Finding				
M	29	EUS Lower		•Anastasiou Ioannis •Inamdar Sumant			Moderate sedation	•Presacral mass	•Cefazolin2 gm				•There were no apparent limitations or complications	
M	56	EUS Lower		•Inamdar Sumant			Moderate sedation	•Personal history of colon polyps •Other specified diseases of anus and rectum					•There were no apparent limitations or complications	
M	49	EUS Lower		•Tellezavila Felix			Moderate sedation	•staging					•There were no apparent limitations or complications	
M	70	EUS Lower		•Inamdar Sumant			Moderate sedation	•Constipation					•There were no apparent limitations or complications	
F	69	EUS Lower		•Anastasiou Ioannis			Moderate sedation	•Rectosphincteric dyssynergia					•There were no apparent limitations or complications	
M	57	EUS Lower		•Inamdar Sumant			Moderate sedation	•Rectal Mass					•There were no apparent limitations or complications	
F	50	EUS Lower		•Inamdar Sumant			Moderate sedation	•Rectal polyp					•There were no apparent limitations or complications	
M	79	EUS Lower		•Anastasiou Ioannis			Moderate sedation	•History of colon cancer •Abnormal finding on imaging		•Mass			•There were no apparent limitations or complications	
M	67	EUS Lower		•Tellezavila Felix			Moderate sedation	•SEL lesion in the rectum		•Additional Finding			•There were no apparent limitations or complications	
F	66	EUS Lower		•Anastasiou Ioannis			Moderate sedation	•Anal sphincter tear		•Additional Finding			•There were no apparent limitations or complications	
Ileoscopy														3
M	69	Ileoscopy		•Tellezavila Felix			Moderate sedation	•Gastrointestinal bleeding		•Normal mucosa (whole colon)			•There were no apparent limitations or complications	
F	42	Ileoscopy		•Tellezavila Felix			Moderate sedation	•Prob GI bleeding	•Fentanyl150 mcg •Versed3 mg	•Additional Finding			•There were no apparent limitations or complications	
F	59	Ileoscopy		•Anastasiou Ioannis			Moderate sedation	•Crohn's disease of the colon					•There were no apparent limitations or complications	
Sigmoidoscopy														29
F	74	Sigmoidoscopy		•Tellezavila Felix			Moderate sedation	•diarrhea	•Versed1 mg	•Abnormal mucosa (rectum and rectosigmoid junction)			•There were no apparent limitations or complications	

Procedures Log

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M	75	Sigmoidoscopy		•Inamdar Sumant			Moderate sedation	•Bowel movement in 24 hours after vascular aortic surgery	•Fentanyl50 mcg •Versed3 mg	•Polyp (sigmoid colon, 5 mm to 10 mm) •Normal mucosa (rectum and descending colon)			•There were no apparent limitations or complications	
F	57	Sigmoidoscopy		•Inamdar Sumant			Moderate sedation	•Suspected colonic obstruction and bleeding	•Fentanyl50 mcg •Versed3 mg	•Normal mucosa (splenic flexure, descending colon, sigmoid colon and rectum)			•There were no apparent limitations or complications	
M	60	Sigmoidoscopy		•Inamdar Sumant			IV general anesthesia	•PET scan positive in sigmoid colon		•Polyp (sigmoid colon, 3 cm to 5 cm)			•There were no apparent limitations or complications	
F	47	Sigmoidoscopy		•Tellezavila Felix			Moderate sedation	•BRBPR	•Fentanyl75 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	50	Sigmoidoscopy		•Inamdar Sumant			IV general anesthesia	•GI bleed requiring more than 4 units of blood in 24 hours, ICU, or surgery		•Normal mucosa (rectum and sigmoid colon) •Blood (distal sigmoid colon)			•There were no apparent limitations or complications	
F	59	Sigmoidoscopy		•Anastasiou Ioannis			Moderate sedation	•Crohn's disease of the colon	•Fentanyl50 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	22	Sigmoidoscopy		•Anastasiou Ioannis			Moderate sedation	•Ulcerative pan colitis	•Fentanyl100 mcg •Versed4 mg	•Abnormal mucosa			•There were no apparent limitations or complications	
F	59	Sigmoidoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia		•Additional Finding			•There were no apparent limitations or complications	
M	65	Sigmoidoscopy		•Anastasiou Ioannis			Moderate sedation	•Iron deficiency anemia •Rectal bleeding	•Fentanyl50 mcg •Versed5 mg	•Additional Finding			•There were no apparent limitations or complications	
F	59	Sigmoidoscopy		•Anastasiou Ioannis			Moderate sedation	•Hematochezia		•Additional Finding			•There were no apparent limitations or complications	
F	22	Sigmoidoscopy		•Anastasiou Ioannis			Moderate sedation	•Ulcerative pan colitis	•Fentanyl100 mcg •Versed4 mg	•Additional Finding			•There were no apparent limitations or complications	
M	92	Sigmoidoscopy		•Tellezavila Felix			IV general anesthesia	•sigmoid volvulus		•Stool (rectum, sigmoid colon, transverse colon and descending colon)			•There were no apparent limitations or complications	
F	91	Sigmoidoscopy		•Tellezavila Felix			Moderate sedation	•CT of abdomen abnormal		•Normal mucosa (sigmoid colon and rectum)			•There were no apparent limitations or complications	
F	75	Sigmoidoscopy		•Inamdar Sumant			MAC with IV sedation	•Total colectomy or ulcerative colitis with rectal stum now has increased discharge from the rectal stump		•Abnormal mucosa (rectum)			•There were no apparent limitations or complications	
M	44	Sigmoidoscopy		•Inamdar Sumant			IV general anesthesia	•Rectal bleeding		•Additional Finding •Normal mucosa (rectum, sigmoid colon and descending colon)			•There were no apparent limitations or complications	

